Southgate Ruth Hargrave Memorial Library

Volunteer Interest and Skills Form

Applicant Information

Date		**Preferred contact method**	☐ Phone ☐ Email ☐ Text
Full name			
Preferred name		**Pronouns optional**	
Address			
Phone home		**Phone mobile/work**	
Email			

Emergency Contact

Name		**Relationship**	
Phone home		**Phone mobile/work**	

Applicants Under 18

Please note: Volunteers must be at least 14 years old.			
Birth date	Day: _____ Month: _____ Year: _____	**School/Grade**	
Parent/guardian name		**Parent/guardian phone/email**	
Parent/guardian signature		**Date**	

Volunteer Interests

Please tell us what type of volunteer opportunity you are interested in. Volunteer roles are developed based on Library needs and may include program support, special projects, community events, or skill-sharing opportunities. General operational tasks, such as shelving, may be considered for occasional or longer-term volunteer opportunities when appropriate, particularly for high school volunteers seeking volunteer hours. Please check all that apply.

- Program support, including set-up, take-down, craft preparation, or assisting staff during programs
- Leading or co-leading a program based on skills, knowledge, hobbies, culture, profession, or lived experience
- Special event support, including community events, author visits, or outreach activities
- Technology, digital literacy, or one-on-one help opportunities
- Reading, literacy, tutoring, or conversation-based support
- Local history or genealogy
- Gardening, outdoor learning, environmental activities, or Library garden support
- Displays, creative projects, art, music, writing, crafting, or maker activities
- Friends of the Library involvement
- Other: _____

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Skills, Experience, and Program Ideas

Skills, experience, interests, languages, hobbies, certifications, training, or community knowledge you would like to share:
If you are interested in offering or leading a program, describe your idea, intended audience, preferred format, and any supplies, space, equipment, or staff support needed:
Accessibility or accommodation needs (optional):

Friends of the Library

Southgate Public Library also has a Friends of the Library group. Please indicate if you would like to learn more about joining or supporting the Friends of the Library: ☐ Yes ☐ No

Availability

Please indicate the day(s) and time(s) when you are available to volunteer.

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					
After school					
Evening					
Flexible/varies					

Preferred frequency or time commitment: ☐ One-time ☐ Short-term ☐ Ongoing ☐ Other:_____
How many hours per week or month would you like to volunteer, if applicable? _____

References

Reference	Name	Relationship	Phone/Email
1			
2			

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Acknowledgement

- I understand that volunteer assignments are based on Library needs, available roles, and alignment with my skills, interests, availability, and required screening.
- I understand that some volunteer assignments may require an interview, reference check, Police Vulnerable Sector Check, orientation, training, or other screening before a placement begins.
- I understand that volunteers are required to complete training mandated by legislation, including AODA training where applicable.
- I agree to follow Library policies, health and safety procedures, staff direction, and the volunteer code of conduct.
- I agree to respect the privacy and confidentiality of staff, volunteers, Library users, and Library business.
- I understand that submitting this form does not guarantee a volunteer placement.
- I consent to being contacted by Southgate Public Library about current or future volunteer opportunities related to this application.

Privacy notice: Personal information collected on this form will be used to assess volunteer interests, availability, suitability, screening requirements, and placement opportunities with Southgate Public Library. Information will be handled in accordance with applicable privacy requirements and Library practices.

Applicant signature	**Date**

Library Use Only

Received date		**Interview date**	
References checked	☐ Yes ☐ No	**PVSC required**	☐ Yes ☐ No
Status	☐ Approved ☐ Not approved ☐ On file ☐ Follow up required		
Placement/role		**Supervisor**	
Start date		**Orientation/training completed**	☐ Yes ☐ No
Notes			