



BROCKVILLE PUBLIC LIBRARY

VOLUNTEER APPLICATION

Name

Home Phone

Work Phone

e-mail address

Address

City

Postal Code

In case of emergency, please notify

Phone number

I am a student: YES NO

School _____

Grade/Program _____

1. List past work experience, including volunteer work.

2. I am interested in volunteer work that: (choose all that apply)

Involves Technology

Allows me to assist with programs for
Adults/Seniors

Allows me to work independently

Has a regular schedule

Allows me to work with Children or Teens

3. Are there any times when you are not available?

4. Are there any days or times of day when you would prefer to work?

5. How many hours per week/month would you have to give to the library?

6. I learned about the Brockville Public Library volunteer program from:

Library Website

Referred to by someone (staff, friend, etc)

Advertisement

Other

Newspaper

PERSONAL REFERENCES

1. Name _____

2. Name _____

Address _____

Address _____

Phone _____

Phone _____

Police Reference Check I agree I do not agree

Date of Application _____ Possible Starting Date _____

Signature _____ Signature of Parent (if under 18) _____

Please submit application to:

Brockville Public Library

23 Buell Street, Box 100 Brockville, ON K6V 5T7 Phone: 613-342-3936 Fax: 613-342-9598