

SOUTH INTERLAKE REGIONAL LIBRARY

419 Main Street, Stonewall, MB R0C 2Z0

P 204-467-8415 F 204-467-9809

www.sirlibrary.com

Library Volunteer Application Form

Contact Information:

Name: _____

Address: _____

Phone: _____ Age (if under 18); _____

Cell Phone: _____ e-mail Address: _____

Which branch would you like to volunteer at? ☐ Stonewall ☐ Teulon

Experience and Qualifications

Please list any specific experience, skills, hobbies, or interests. If possible, please include a copy of your resume when you submit your application.

Reason for Application - Tell us why you want to be apart of the SIRL team.

Availability: Please indicate the times that you can volunteer during the week

Sunday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Are there any allergies, physical limitations, special needs, medical or health conditions that we should be aware of?

Within the past 10 years have you been convicted of a criminal offence for which a pardon has not been granted? ☐ Yes ☐ No

If YES, please state the date, place and nature of offenses(s) NOTE Volunteer applicants may be required to consent to a criminal record check.

In Case of Emergency

Emergency contact name: _____

Address: _____

Phone Number _____

Confidentiality Agreement:

I understand that it is the policy of the South Interlake Regional Library to protect the privacy of those who use the library. I agree to hold all information about patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the Library's Volunteer Program

Applicant Signature: _____ **Date:** _____

If you are under the age of 16, a signature from your parent or guardian is necessary.

Signature of Parent or Guardian: _____