Bibliothèque Publique Penetanguishene Public Library
24 Rue Simcoe Street
Penetanguishene, ON L9M 1R6
Telephone: 705-549-7164 Fax 705-549-3932
Email: lkeenan@penetanguishenepl.ca

Volunteer Application / Agreement (please use reverse of form is more space is needed)

Name:

(First) _____ (Last) _____

Email _____

Address:

Street: _____

Town: _____ Province_____

Postal Code: _____ Phone Number _____

Select Type of Position:

Community Service (Student)	
Customer Service	
Programming	
Special Events	
Computer Technology	
Other	

Areas NOT of Interest to volunteer:

_____

Day and time available

Number of Hours available a week _____

	Monday	Tuesday	Thursday	Friday	Special Events
Anytime					
Morning					
Afternoon					
Evening					

References: Please provide three (3)

Name	Phone Number	Relationship

Interests:

Please tell us why you are interested in volunteering at the Penetanguishene Public Library

_____

Please tell us about your education, training and work experience:

_____

Please check all that apply:

	I prefer to interact with people		I prefer to work independently
	I prefer to work alone		I'm good at fixing / building things
	I prefer active jobs		I prefer to sit quietly
	I have good telephone skills		I have good organizational skills
	I am comfortable using a computer		I like arts and crafts
	I like to work with children		I enjoy public speaking

Please include some of your hobbies and interests:

_____

Please check all computer skills that apply:

	Microsoft word		Microsoft Excel
	Microsoft publisher		Microsoft Access
	Fast and accurate typist		Webpage design
	Photography		Digital image design / editing
	Cricut		Social Media

Please describe any other skills:

_____

I certify that the information given in this application is true and correct. I understand false information given on this application is sufficient for dismissal. I understand I must be able to pass a Criminal Reference check and Vulnerable Sector Screening Check to volunteer at the Penetanguishene Public Library.

Name: (print)

First name: _____ Last name: _____

Signature: _____

Day _____ Month _____ Year _____

Signature of parent or guardian if under 18:

Print: _____ Signature: _____