

VOLUNTEER APPLICATION FORM

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." Margaret Mead

Personal I	NFOR	MATION													
Last Name		First Name													
Street				City					Province			Posta	Postal Code		
Home phone number Wo			Vork phone number			nail									
			·												
Languages spoken		Languages written													
If you have a p		l or mental	disability, h	ow may we ac											
In case of an emergency,															
			Name			Relationship			Phone Num			mber	nber		
_															
AVAILABILIT															
	Mon	day T	uesday	Wednesda		/ Thursday		Friday		Saturday		/	Sunday		
Morning															
Afternoon Evening															
Lveillig		<u> </u>													
How often would you like to			Once a	Once a month O			Twice a month O				Three times a month O				
volunteer?			Other (Other (Please specify):			<u></u>								
Would you like to volunteer for			Special I	Special Events			Library Desk			O Cataloguing/Bookbinding				g O	
Other (please															
If you would li							ow	•							
well you know															
Please indicate	when	you are no	t available t	o volunteer. (i	i.e. v	acation)									
SKILLS AND	Expe	RIENCE													
Fundraising	0	Clerical	O	Organizationa	al	(C	Compu	ıter	·	Con	nmunic	ations	$\overline{\mathbf{c}}$	
Creative ideas	0	Library	0	Entertainmen	t cor	ntacts	C	Team v	vorker	O	Oth	er (spe	cify)		
													.,		
MAIN REASO		· · · · · · · · · · · · · · · · · · ·													
Academic credit O Help others C Social interaction O Learn new skills													e English	0	
Social interacti	on O	Learn new	skills O	Relative/friend	IOV D	lunteers	O	Other	(specify)						
Signature									Da	Date					