



VOLUNTEER REGISTRATION FORM

Date: _____

Personal information:

Mr. ___ Ms. ___ Miss ___ Mrs. ___

Name: _____

Address: _____

City: _____ Postal code: _____

Phone number: _____

Skills and interests:

Educational background: _____

Current occupation: _____

Describe your skills, interests and hobbies: _____

Volunteer experience:

Have you had previous Library experience? yes ___ no ___

Describe other volunteer positions that you have had with other organizations.

Check the volunteer opportunity that interests you:

___ Visiting Library Service

___ assisting with in-house Library oriented tasks

___ assisting with or conducting Children's programs

Where do you prefer to do volunteer work?

___ Adult Dept. ___ Children's Dept ___ McCormick Branch

(please see other side)

If a police check is required would you be willing to follow the necessary procedures?

___ yes ___ no

References:

Please list the names and phone numbers of three (3) references that we may contact:

Name: _____

Relationship: _____ Business name: _____

Phone number: _____

Name: _____

Relationship: _____ Business name: _____

Phone number: _____

Name: _____

Relationship: _____ Business name: _____

Phone number: _____

In case of emergency contact:

Name: _____

Phone number: _____



FOR STAFF USE ONLY

Date registration was received: _____

Date registrant was contacted: _____

Date of interview: _____

Reference check notes: _____

Date of orientation: _____

Performance checks: _____

Date of departure: _____