

## Hamilton Public Library Volunteer Application Form

### Personal Information

Last Name:	First Name:
Address:	Apt/Unit Number:
City:	Postal Code:
Phone: (     )	Email:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Emergency Contact:	Phone: (     )
Education:	
Work Experience:	
Volunteer Experience:	
Why would you like to volunteer for the Hamilton Public Library?	

### Volunteer Opportunities

Adult Opportunities (19 and older)	Youth Opportunities (14 and older)
ELL Tutoring <input type="checkbox"/>	Homework Help <input type="checkbox"/> Knit for a Cause <input type="checkbox"/>
Visiting Library Service <input type="checkbox"/>	Teen Advisory Group <input type="checkbox"/> Teen Review Board (virtual) <input type="checkbox"/>
Older Adult Peer Connector <input type="checkbox"/>	Summer Reading Buddies <input type="checkbox"/> Teen Tech Volunteer <input type="checkbox"/>

### Availability

	M	T	W	T	F	S/S
Morning						
Afternoon						
Evening						

### Preferred Library Location (all positions may not be available at all locations)

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## References

Please provide the name and phone number of two references (non-family) who can be reached during regular business hours.

Name:	Phone: (     )
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Name:	Phone: (     )
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I declare the information provided to be true and complete, and authorize the Hamilton Public Library to solicit references from those named above.

## Hamilton Public Library Volunteer Agreement

I understand that all Visiting Library Service Volunteers are required to provide a Police Vulnerable Sector Check (PVSC), dated within the last twelve (12) months prior to starting. I understand that all other volunteers ages eighteen (18) and older are required to provide a Criminal Record and Judicial Matters Check, dated within the last twelve (12) months, within the first 30 days of volunteering with any other volunteer program at the Hamilton Public Library. The Hamilton Public Library will reimburse the cost of the Police Check upon completion of three (3) months of volunteer service and the submission of the original receipt.

I understand that ELL tutors and their students must meet in the Library or other public place. (The Government of Canada Provides funding to support this initiative.)

I understand that it is the policy of the Hamilton Public Library to protect the privacy of those who use the Library and I agree to hold all information about customers in confidence. In addition, I understand that a breach in confidentiality is immediate grounds for dismissal as a volunteer.

The Hamilton Public Library will immediately terminate this Volunteer Contract should the volunteer be involved in any inappropriate conduct.

Volunteer Signature:	Date:
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*Parent/Guardian Signature:	Date:
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\*Parent/Legal Guardian's signature required if volunteer under the age of 18. By signing, the parent/legal guardian recognizes the volunteer as a minor pursuant to the *Age of Majority and Accountability Act* and that they have permission to serve as a volunteer with the Library.

## Privacy

Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act 1989 and shall not be used or disclosed for purposes other than determining eligibility and suitability for volunteering at Hamilton Public Library. Personal information shall be retained only for the period of time required to fulfill the purposes for which it was collected. Personal information shall be protected by safeguards that are appropriate for the sensitivity of the information collected. Questions regarding the collection of this information should be directed to the Chief Librarian.

Revised December 21, 2015