Volunteer Application Form

Personal Information

Name: _____

Address: _____

Phone #: _____ Email: _____

Are you 16 years of age or older? yes _____ no _____

Volunteer or Work Experience (including working in libraries):

_____

_____

Interests/Hobbies/Special Skills:

_____

_____

Languages spoken or read:

_____

Availability:

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					
Evening					

References:

Name _____ Name _____

Phone # _____ Phone # _____

Relationship _____ Relationship _____

_____ _____

Signature of applicant Date

Thank you for your interest in the Grand Forks & District Public Library. We accept applications throughout the year. As there are only a limited number of volunteer positions available, your application will be kept on file for one year. You will be contacted for an interview when a volunteer position arises.

All personal information will kept confidential in accord with the Freedom of Information and Protection of Privacy Act [RSBC] c. 165.