**Volunteer Application Form**

Thank you for your interest in volunteering at Airdrie Public Library.

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| **Your Details** | |
| Name |  |
| Address  (Street, City, Postal Code) |  |
| Email |  |
| Telephone | (h) (w) (c) |
| Language Spoken | □ English □ French □ Spanish □ Other: |
| Age | □ Youth (13-17) □ Adult |

|  |  |
| --- | --- |
| **Emergency Contact** | |
| Name |  |
| Relationship |  |
| Telephone |  |

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| --- |
| **Interest** |
| Why would you like to volunteer at Airdrie Public Library? |
|  |
| Check our website for current opportunities <http://www.airdriepubliclibrary.ca/content/library-volunteers>  Check off your area of interest:  \_\_\_\_\_ Special Events - Author visits, Friday Family Nights, Golf Tournament, July 1 BBQ, Airdriefest, etc  \_\_\_\_\_ Programs – Please circle interested areas: PreSchool 3-5, Children 6-8, Tweens 9-12, Teens 13-17  \_\_\_\_\_ Marketing/Program Material – preparing brochures, coupons, craft projects  \_\_\_\_\_ Collections – returning library materials to the shelves  \_\_\_\_\_ Summer Reading Program - assisting school age children with daily activities  \_\_\_\_\_ Advocates for the Airdrie Public Library – friends of the library group who market and fundraise for  library equipment, materials, programs and services.  \_\_\_\_\_ TAC (Teen Advisory Council)-Teens between 13 to 18. Members assist in making decisions  affecting teen materials and services at the library. |

**Please Turn Over**

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| --- | --- | --- | --- | --- | --- |
| **Volunteer Commitment** | | | | | |
| Do you require volunteer hours for school/group? | | | □ Yes □ No | | |
| If so, how many? |  | | By what date? |  | |
| **The time commitment for volunteers is a minimum of 3 months**  Are you able to volunteer long-term (more than 3 months) for a position that may require specialized training? | | | | | □ Yes □ No |
| If so, for what time period? | |  | | | □ Don’t Know |

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| **Availability** |
| Please indicate the time(s) you would like to volunteer: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hours** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| a.m. |  |  |  |  |  |  |  |
| p.m. |  |  |  |  |  |  |  |
| evening |  |  |  |  |  |  |  |

**Our hours of operation:**

|  |  |
| --- | --- |
| **Winter (September to May)** | **Summer (May to September)** |
| Monday to Friday 9:00 a.m.-8:30 p.m. | Monday to Friday 9:00 a.m.-8:30 p.m. |
| Saturday: 10 a.m.-5 p.m. | Saturday: 10 a.m.-5 p.m. |
| Sunday: 1-5 p.m. | Closed |

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| **Agreement** | | | |
| I understand that to ensure the safety of library customers, I will be asked to complete a criminal record check at no cost to myself (adults only). The information on this application form is collected under the authority of the Freedom of Information and Protection of Privacy Act, and will be used solely for the purpose of determining eligibility and suitability for volunteer opportunities. | | | |
| Signature |  | Date (dd/mm/yyyy) |  |
| Parental Signature (Required for applicants under 18 years) |  | Date (dd/mm/yyyy) |  |

**Please return this form to:**[lucia.gomez@airdriepubliclibrary.ca](mailto:lucia.gomez@airdriepubliclibrary.ca)

Airdrie Public Library, Unit 111, 304 Main Street, Airdrie, AB T4B 3C3

The volunteer co-ordinator will contact you by e-mail within a month of receipt of application to advise you of current volunteer opportunities.