

# Volunteer Application

## Join the NCPL Team!

Norfolk County Public Library (NCPL) appreciates your interest in volunteering to assist the library to achieve its goals and engage the community. Our volunteers share their time, energy, and expertise to support our patrons, staff, and our community.

Please complete this form (2 pages) and either drop it off at your local Branch or scan and email it to [info@ncpl.ca](mailto:info@ncpl.ca)

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>			
<b>City:</b>		<b>Province:</b>	<b>Postal Code:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Email Address:</b>			
<b>Emergency Contact Name:</b>			<b>Relationship:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>	

*Note: In accordance with Occupational Health & Safety Act and Regulations, the minimum age to volunteer is 14 years.*

### Please describe your volunteer availability (add times available):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

### Availability Comments:

---

### Area of Interest (please note all roles may not be available at time of application):

<input type="checkbox"/> Homework help	<input type="checkbox"/> Technical assistance for library patrons
<input type="checkbox"/> Helping at fundraising events	<input type="checkbox"/> Special events to promote the library
<input type="checkbox"/> Helping with the Teaching and Learning Garden	<input type="checkbox"/> Supporting programs and events on- and off-site

## Why do you want to volunteer with the Norfolk County Public Library?

---



---

**References:** Please provide the names and email addresses for 3 references. Personal references may be provided in lieu of professional references if necessary. Family members may not be used as a reference.

1.	Name:	This person agreed to be my reference: <input type="checkbox"/> yes <input type="checkbox"/> no
	Phone:	
	Email address:	
2.	Name:	This person agreed to be my reference: <input type="checkbox"/> yes <input type="checkbox"/> no
	Phone:	
	Email address:	
3.	Name:	This person agreed to be my reference: <input type="checkbox"/> yes <input type="checkbox"/> no
	Phone:	
	Email address:	

- I understand that the three reference(s) submitted will be contacted.
- I understand that a Vulnerable Sector Check must be provided prior to starting to volunteer.
- I certify that all the information provided in this application is correct to the best of my knowledge.

Applicant Signature:	Date:
Parent/Guardian Signature (if applicant is under 18 years of age):	