Volunteer Application

JOIN THE TEAM!

Norfolk County Public Library
Delhi • Port Dover • Port Rowan • Simcoe • Waterford

The 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 both pages of this form and either drop it off at your local Branch or scan and email it to info@ncpl.ca

Your Information

First Name(s): _____ **Last Name:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Phone Number:** _____

Emergency Contact: _____ **Relationship:** _____

Emergency Contact Phone Number: _____

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

Availability

Please describe your volunteer availability (add times available):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Availability Comments: _____

Select area(s) of interest (please note roles may not be available at the time of application):

- ◯ Homework help
- ◯ Helping at fundraising events
- ◯ Helping with the Teaching & Learning Garden
- ◯ Technical assistance for Library patrons
- ◯ Special events to promote the Library
- ◯ Supporting programs and events on/off-site

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

_____

_____

_____

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References

Please provide the names and email addresses for **three references**.
Personal references may be provided in lieu of professional references if necessary.
Please note that family members may **not** be used as a reference.

1.

Name: _____ **Relationship:** _____

Phone Number: _____ **Email Address:** _____

This person agreed to be my reference: ◯ **Yes** ◯ **No**

Comments: _____

2.

Name: _____ **Relationship:** _____

Phone Number: _____ **Email Address:** _____

This person agreed to be my reference: ◯ **Yes** ◯ **No**

Comments: _____

3.

Name: _____ **Relationship:** _____

Phone Number: _____ **Email Address:** _____

This person agreed to be my reference: ◯ **Yes** ◯ **No**

Comments: _____

◯ I understand that the three references submitted will be contacted.
◯ I understand that a Vulnerable Sector Check must be provided prior to any volunteering.
◯ I certify that all the information provided in this application is correct to the best of my knowledge.

Applicants Signature: _____ **Date:** _____

Parent/Gardian Signature: _____
(if applicant is under 18 years if age)

Thank you for supporting the Norfolk County Public Library!