

Cornwall Public Library Volunteer Application

Name _____

Address _____

City & Postal Code _____

Phone (home) _____ (cell) _____

E-Mail Address _____

Emergency Contact Name _____

Phone _____

Previous Work/Volunteer experience:

Special skills and interests:

Volunteer work desired

<input type="checkbox"/> Book Shop Coordinator	<input type="checkbox"/> Basement donations volunteer
<input type="checkbox"/> Book Shop Assistant Coordinator	<input type="checkbox"/> Basement donations manager
<input type="checkbox"/> Book Shop Clerk	<input type="checkbox"/> Homebound Services volunteer
<input type="checkbox"/> Book Shop Scheduler	<input type="checkbox"/> Fundraising Events
<input type="checkbox"/> Book Sale Volunteer	<input type="checkbox"/> High School volunteer service hours

When are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	Specific days / times _____

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Please provide two references.

1. Name _____
Address _____
Email _____
Phone _____
Relationship _____
2. Name _____
Address _____
Email _____
Phone _____
Relationship _____

Please provide a criminal records check performed within the past 12 months with this application, if required.

Agreement and Signature.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date

I authorize my child who is under 18 years of age to volunteer his or her services at the library.

Name (printed): _____

Signature: _____

Date: _____

Contract for Volunteer Services

- 1) I understand that a volunteer on behalf of the Cornwall Public Library bears the responsibility for any injury that might occur. The risk of sustaining an injury while volunteering on behalf of the library can occur without any fault of the participant, or the Cornwall Public Library, its employees, agents, council members, the City of Cornwall, or the facility where the activity is taking place.
- 2) I authorize the Library to verify all information and/or dates contained in my application pursuant to Section 39(1) of the *Municipal Freedom of Information & Protection of Privacy Act 1989*, including contacting the persons listed for the purpose of obtaining personal references.
- 3) Except as authorized, I will not disclose, release or make use of any confidential or personal information that has been shared with, or acquired by me as a volunteer.
- 4) I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I understand that there is no employment relationship as a result of my volunteer activity. Further I understand that the Library may at its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.
- 5) *If required*, I will provide a criminal record check performed within the past 12 months upon the submission of my volunteer application form.*Criminal Record Checks not required for existing volunteers not working in vulnerable sectors such as the Friends shop.

ACKNOWLEDGEMENT

I have read and understood the Library's Volunteer Policy and this Contract and agree to abide by the conditions therein.

Name _____ Signature _____

Date _____

PERMISSION (FOR PERSONS UNDER THE AGE OF 18)

I hereby certify that I am the parent or legal guardian and hereby give my permission for _____ to volunteer at the library.

Parent / guardian signature _____

Name of parent / guardian (printed) _____

Date _____