



Niagara Falls Public Library Volunteer Application Form

Personal Information

Last Name:	First Name:
Address:	
City:	Postal Code:
Phone: ()	Email:
Date of Birth:	
Emergency Contact:	Phone:()
Education:	
Work Experience:	
Volunteer Experience:	
Why would you like to volunteer for the Niagara Falls Public Library?	

Volunteer Opportunities

Adult programs volunteer <input type="checkbox"/>	Children's Program Volunteer <input type="checkbox"/>
Visiting Library Service <input type="checkbox"/>	Community Service Hours <input type="checkbox"/>
Special events volunteer <input type="checkbox"/>	

Availability

	M	T	W	TH	F	S/S
Morning						
Afternoon						
Evening						



References

Name:	Phone: ()
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Name:	Phone: ()
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I declare the information provided to be true and complete, and authorize the Niagara Falls Public Library to solicit reference from those named above. I understand that a Vulnerable Sector Screening Police Check is required as part of the application process to volunteer with Niagara Falls Public Library's Visiting Library Service.

Volunteer Signature:	Date:
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*Parent/Guardian Signature:	Date:
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*Parent/Legal Guardian's signature is require if volunteer is is under the age of 16. By signing, the parent/legal guardian recognizes the volunteer as a minor pursuant to the *Age of Majority and Accountability Act* and that they have permission to serve as a volunteer with the Library.

Confidentiality Agreement, Volunteer Code of Conduct and Privacy

I understand that it is the policy of The Niagara Falls Public Library to protect the privacy of those who use the Library and I agree to hold all information about patrons in confidence. In addition, I understand that a breach of confidentiality is immediate ground for dismissal as a volunteer.

The Niagara Falls Public Library will immediately terminate the Volunteer Contract should the volunteer be involved in any inappropriate conduct. Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act 1989 and shall not be used of disclosed for purposes other than determining eligibility and suitability for volunteering at Niagara Falls Public Library. Personal information shall be retained only for the period of time required to fulfill the purposes for which it was collected. Personal information shall be protected by safeguards that are appropriate for the sensitivity of the information collected. Questions regarding the collection of this information should be directed to the Chief Librarian.

For Office Use Only

Police Check:	AODA / H&S Training:
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Driver's Licence #	Insurance Policy & #
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Start Date:	Position / Location:
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