OLDS & DISTRICT MUNICIPAL LIBRARY

VOLUNTEER AGREEMENT

PERSONAL DATA

Name:	
Address:	
Postal Code:	Phone:
Education Background:	
Volunteer & Work Experience:	
Languages:	Gender: MF
REFERENCES (Please do not	<u>use relatives)</u>
Name:	Phone:
PROGRAM INTERESTS	
Why are you interested in volunt	eering with Olds Municipal Library?
What program or area do you wis positions available on our webpa	sh to volunteer in? Please see list of current volunteer ge. oml@prl.ab.ca

What time are you available to volunteer? Mornings	Afternoons	Evenings
What days are you available? M_T_W_TH_F_S_	-	

STATEMENT

- Some Volunteer Positions will require a Criminal History or Child Welfare Check. You will be notified in advance.
- Your signature authorizes the Olds Municipal Library to verify any information on this application.
- This application is not an employment contract, and the Olds Municipal Library may terminate volunteer service at any time without cause or notice.
- Any personal information about Library users that you may have access to, is to remain in complete confidence.
- The information on this application is collected under the authority of the Libraries Act and the freedom of Information and Protection of Privacy Act. The information provided will be used solely for the purpose of determining eligibility and suitability for volunteer opportunities.

I acknowledge that I have read, understood and agree to these statements. I certify that the information on this application is true and complete. I understand that if I am accepted, I will be expected to follow a mutually acceptable work schedule, and to notify the Librarian promptly if I am unable to work as scheduled. I also understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner.

Signature of Volunteer Applicant _____

Signature of Parent or Guardian (if under 18)_____

Date _____