



**Volunteer Application
Callander Public Library**

Personal Information	
Last Name:	First Name:
Address:	
City:	Postal Code:
Phone:	Cell Phone:
Date of Birth:	Email:
Emergency Contact:	
Phone:	
Education:	
Work Experience:	
Volunteer Experience:	
Why would you like to volunteer for the Callander Public Library?	

Volunteer Opportunities	
<input type="checkbox"/> Shelf Reading and Shelving	<input type="checkbox"/> Teen Advisory
<input type="checkbox"/> Home delivery service	<input type="checkbox"/> Special Projects (Please specify below)
<input type="checkbox"/> Children's Programs	



References	
Name:	Phone:
Name:	Phone:
Name:	Phone:
<input type="checkbox"/> I declare the information provided to be true and complete, and authorize the Callander Public Library to solicit reference from those named above. I understand that a Vulnerable Sector Check Police Check is required as part of the application process to volunteer with the Callander Public Library for anyone over the age of 18.	
Confidentiality Agreement, Volunteer Code of Conduct and Privacy	
<input type="checkbox"/> I understand that I must maintain the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer. Confidential information may involve library staff, volunteers, patrons, other persons, or the overall business of the CPL. Failure to maintain confidentiality may result in corrective action or immediate termination of volunteer duties. The Callander 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 <i>Freedom of Information and Protection of Privacy Act</i> and shall not be used or disclosed for purposes other than determining eligibility and suitability for volunteering at the Callander 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 CEO.	
Volunteer Signature:	Date:
*Parent/Guardian Signature:	Date:
*Parent/Legal Guardian's signature is required if the volunteer is under the age of 16. By signing, the parent/legal guardian recognizes the volunteer as a minor pursuant to <i>the Age of Majority and Accountability Act</i> and that they have permission to serve as a volunteer with the Callander Public Library.	
For Office Use Only	
Police Check:	AODA/H&S Training:
Driver's License #	Volunteer Policy Reviewed:
Insurance Provider:	Insurance Policy #:
Start Date:	Position/Location:
End of Probation Period:	Probation Interview: