



Leading to Reading Volunteer Application

Today's Date: _____

First Name: _____ Surname: _____

Are you under 19 years of age? Please circle one: Yes No

Street Address: _____ Apartment: _____

City: _____ Postal Code: _____

Phone Number: _____ Email: _____

School: _____ Grade: _____

All volunteers MUST attend one training session on Tuesday July 10, 2018.

Session Dates:

Volunteers attend one day per week from July 17 – August 23, 2018. The program will run on the following dates/times:

1. Tuesdays, 7pm-8pm, Beaty Branch
2. Wednesdays, 10am-11am, Main Library

Please list all of the sessions for which you will be available, in your order of preference:

1. _____
2. _____

Please tell us about yourself, including any interests you may have and why you feel you are a suitable candidate for this position. Please continue on a separate page if necessary.

The Personal information on this form is collected under the authority of the Public Libraries Act and the Municipal Freedom of Information and Protection of Privacy Act. This information will only be used for the proper administration of the library and the provision of library services and programs by Milton Public Library. Questions related to the collection of this personal information should be directed to the Deputy Chief Librarian, Milton Public Library, 1010 Main Street East, Milton, L9T 6H7.

Leading to Reading Volunteer Application continued

References:

Please provide both a personal reference **and** a work/academic/volunteer experience reference, using the attached forms. **Your application will not be considered unless accompanied by these completed reference forms.** Please provide your referees with an envelope in which they can seal the form and sign the closure before they return it to you. Submit your application and the accompanying reference envelopes to the staff either at Main Library or Beaty Branch. A program coordinator will contact you regarding an interview by June 1, 2018. We thank you for your interest in volunteering with Milton Public Library but only those applicants shortlisted for a position will be contacted for an interview.

You are also required to complete and submit the section below. Please read before signing.

I, _____ (applicant) hereby authorize Milton Public Library to solicit a reference from _____ and _____

(names of referees) in connection with my application for this volunteer position, and to investigate any statements made in this application. In so doing, I release Milton Public Library and all others from liability in connection with such activities.

I hereby authorise the above named referees to provide a reference in connection with my application for this volunteer position, and release them from any liability in regard to providing that reference.

I hereby confirm that I have provided my referees with the reference form to complete themselves and that they have returned the completed form to me in a signed and sealed envelope, ensuring their confidentiality.

Applicant's signature: _____

Date: _____

Thank You! We appreciate your interest in volunteering with Milton Public Library



The Personal information on this form is collected under the authority of the Public Libraries Act and the Municipal Freedom of Information and Protection of Privacy Act. This information will only be used for the proper administration of the library and the provision of library services and programs by Milton Public Library. Questions related to the collection of this personal information should be directed to the Deputy Chief Librarian, Milton Public Library, 1010 Main Street East, Milton, L9T 6H7.