

**Burk's Falls, Armour & Ryerson Union Public Library
Volunteer Application**

Date: _____

Name: _____

Address: _____

Phone: (home): _____ (cell): _____

Email: _____

Emergency Contact

Name: _____ Relationship: _____

Phone (home): _____ (cell): _____

If under 18 years of age:

Birth date: _____ / _____ / _____
 Day Month Year

School: _____ Grade: _____

Name and Signature of Parent/Guardian consenting to applicants working as a volunteer:

Skills & Experience: _____

Why are you interested in volunteering with the Burk's Falls, Armour & Ryerson Union Public Library?

References:

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

Please acknowledge the following:

- Volunteering is like having a job. We count on you to be here at the agreed upon time. The time will be determined during an interview.
- All volunteers will complete an orientation and training session.
- Confidentiality Agreement: I will respect the privacy and confidentiality of all information to which I am exposed while working as a volunteer for the Burk's Falls, Armour & Ryerson Union Public Library. I promise to keep confidential the private information of persons in and using the library, including material from and about patrons and matters regarding fellow volunteers and staff members.

Applicant's Signature:

Date: