



Volunteers are recognized as valued and key contributors towards the goals and vision of the Grey Highlands Public Library. Volunteer positions create opportunities for individuals to enhance and extend their skills, to be active in community engagement, and to fulfill the community service requirements in the high school curriculum.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone (other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone (main):** \_\_\_\_\_ **Phone (other):** \_\_\_\_\_

**If Under 18 Years of age:**

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ School: \_\_\_\_\_ Grade: \_\_\_  
Day Month Year

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Relevant Experience & Skills:**

\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in volunteering at the Grey Highlands Public Library?**

\_\_\_\_\_  
\_\_\_\_\_

**Days & Times Available:** \_\_\_\_\_

**Preferred Branch Location:**

Flesherton

Kimberley

Markdale

**Please read and acknowledge the following:**

- Volunteering is like having a job. We count on volunteers to be here at the agreed upon day and time (to be determined during interview process).
- Please note that some volunteer positions may require you to obtain a police record check and/or vulnerable sector screening. Staff will notify you if one is required.
- In Ontario, the Accessibility for Ontarians with Disabilities Act (AODA) **requires all volunteers to complete Accessible Customer Service training.** Visit the AODA website for online training: <https://www.aoda.ca/free-online-training/>
- Confidentiality Agreement: I will respect the privacy and confidentiality of all information to which I am exposed while working as a volunteer for the Grey Highlands Public Library. I promise to keep confidential the private information of persons working in and using the library, including material from and about patrons and matters regarding fellow volunteers and staff members.
- I hereby verify I have read and will adhere to the Grey Highlands Public Library's Volunteer Policy.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Information on this application form is collected under the authority of the Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used solely to determine eligibility and suitability for volunteer opportunities, and for contact/emergency information of active volunteers.*

**Thank you for your interest in volunteering with the Grey Highlands Public Library.**

**When an opportunity matching your skills and interests becomes available, we will contact you.**

**Unless placed, volunteer applications are kept on file for a period of 6 months.**

LIBRARY USE ONLY		
<b>Received:</b> _____	<b>Interviewed:</b> _____	<b>Placed:</b> _____
<b>Notes:</b> _____ _____		