



4710 – 50 Avenue Camrose, Alberta T4V 0R8 Phone: (780) 672-4214 Fax: (780) 672-9165
 E-mail: cpl@library.camrose.ab.ca

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

E-mail address: _____ Telephone #: _____

Local emergency contact: _____ Telephone #: _____

Do you have a current driver's license? yes no Vehicle? yes no

Confidentiality agreement:

I understand that in the course of my work as a volunteer, I may have access to personal information about Library users, including their requests for information and records of materials they have borrowed. I agree to hold such information in complete confidence and to access it only in the course of performing my volunteer assignment.

 Signature of Applicant _____
 Date

What type of volunteer work are you interested in? _____

Time available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Education: _____

(Please indicate last grade completed or post secondary achievements or special training.)

Present/Past work experience:

Position	Location	Dates

Previous volunteer experience:

Special skills, interests and hobbies:

Do you have a condition or disability that would affect your duties or that we would need to accommodate? _____

References:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Why are you interested in volunteering at the library?

Thank you for your interest in volunteering at Camrose Public Library.



