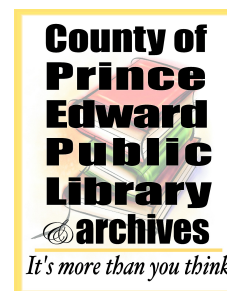


**County of Prince Edward Public Library & Archives  
Volunteer Application Form**



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

**Phone Number:** \_\_\_\_\_

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

**When are you available?**

Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM
Saturday	AM	PM

**Areas of interest:**

<input type="checkbox"/>	Shelving
<input type="checkbox"/>	Book Store
<input type="checkbox"/>	Cleaning
<input type="checkbox"/>	Book Delivery
<input type="checkbox"/>	Computer Help
<input type="checkbox"/>	_____

**Education or Experience :**

- Attending School Currently
- College/University Studying: \_\_\_\_\_
- Relevant Experience: \_\_\_\_\_

**At which branch would you like to volunteer?** \_\_\_\_\_

**References:** Please list two people whom we may contact as references for your application. These should not be relatives but could be teachers, employers or other community members, including library staff.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No: \_\_\_\_\_

**TO BE COMPLETED ON FIRST VOLUNTEER SHIFT**

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies/medical issues: \_\_\_\_\_

---

I have:

- read the volunteer policy
- read the accessibility policy
- read the health and safety policy

Signed: \_\_\_\_\_

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

Library Staff Member: \_\_\_\_\_