

ADULT VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION					
Last Name:		First:		Date:	
Street Address:				Apartment/Unit#:	
City:		Prov:		Postal Code:	
Phone: (home)		Phone: (cell)		Email:	
E-mail Address:					
Emergency Contact			Relationship:		
Phone: (home)		Phone: (cell)		Phone: (work)	
GENERAL INFORMATION					
Occupation:					
Language(s) Spoken:					
Interests, Skills, Hobbies:					
Previous Volunteer Experience:					
AVAILABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning					
Afternoon					
Evening					CLOSED
How many hours a month are you able to volunteer?:					
What type of volunteer work would you like to do?					
Collection-Organization Homebound-Delivery Shelf-Reading Special-Projects Programs					
Due to the nature of some of our volunteer work, we may require an RCMP Criminal Records Check (at no cost to you). If required, would you be willing to do so? YES NO					

Some projects involve lifting, and require good physical strength. Are you able to do this type of activity? **YES** **NO**

PERSONAL REFERENCE(S)

Name:	Relationship:	
Address:	Phone:	Email:
Name:	Relationship:	
Address:	Phone:	Email:

PROFESSIONAL REFERENCE

Full Name:	Relationship:	
Company:	Phone:	Email:
Address:		

DISCLAIMER AND SIGNATURE

I certify that the information stated above is correct to the best of my knowledge.

I hereby grant the Grande Prairie Public Library Volunteer Program permission to check my references in order to obtain information as required.

Signature of Applicant:

Date:

**Please submit the completed form to the Volunteer Coordinator
In person, by email, or online at GPPL.ca
Email: fbartolotta@gppl.ca**

Only those applicants being considered for a placement will be contacted.

This application will be kept on file for 6 months.

Thank You!
**We appreciate your interest
in volunteering with the
Grande Prairie Public Library**