



DIDSBURY MUNICIPAL LIBRARY
VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Name:	Phone:
Address:	
Email:	

EMERGENCY CONTACT

Name:	Phone:
Address:	
Email:	

QUALIFICATIONS

May involve lifting, bending, pushing carts
Ability to follow guidelines and directions independently

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO VOLUNTEER?

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CODE OF CONDUCT AND CONFIDENTIALITY

All volunteers are considered to be representatives of the Library and shall conduct themselves in an appropriate manner when carrying out assignments in or for the Library.

Volunteers may not use their Library affiliation in connection with partisan politics, religious matters, or community issues. Volunteers are responsible for maintaining confidentiality of all proprietary or privileged information, whether this information involves staff members, volunteers, patrons or board members, or overall Library business.

Adult volunteers that will be working with vulnerable sectors will be required to have a Police Information Check (i.e. outreach services and/or programming). Costs incurred can be covered by the Library upon request.

We ask that you contact the Library if you are not able to make a scheduled volunteer shift.

Signature:	Date:
Parental Signature:	

(Required if under 18 years of age; volunteers must be at least 13 years of age)