

Brock Township Public Library Volunteer Application

The Community Hours program was developed to provide teens in the community with a meaningful and useful volunteer work experience. With this in mind, library staff request that high school students assume responsibility for communicating with us directly. This can be done via email to jenfulop@brocklibraries.ca. The coordinator of the program works part time and will respond as spaces become available.

Applicant Information				
Full Name:	Date:			
Last First		_		
Address:				
Street Address		Apartment/Un	it #	
City	Prov	Postal Code		
Email:				
**Email is our primary method of communication. Please n Library Card Number:		nail you listed is	checked daily. **	
Branch Choice (Please circle all that apply):	Beaverton	Cannington	Sunderland:	
What evenings are you available? (Please circle all that apply)	Tuesday	Wednesday	Thursday	
Education				
School:	Grade:			
Favourite Subjects:				

References		
Please list two professional references		
Full name:	Relationship:	
Company:	Phone Number:	
Email Address:		
Full name:	Relationship:	
Company:	Phone Number:	
Email Address:		
Previous Employment/Experienc	e - Include Volunteer Positions	
Company:	Supervisor:	
Address:	Phone Number:	
Responsibilities:		
May we contact your supervisor?		
Skills and	Strengths	
Please list your skills, interests, hobbies, languages positions applied for.	s spoken, and/or strengths that will help you with the	

Volunteer Waiver

As a Volunteer, I fully understand and agree to the following:

- I agree to hold harmless the Brock Township Public Library from all claims, demands, causes of action, loss, costs, or damages that the Library may suffer, incur, or be liable for in relation to any injury or property damage I may suffer, or cause in connection with my participation as a volunteer.
 I hereby release, waive, and discharge the Library from all liability to my heirs, executors, administrators, and assignees for all loss or damage, and any claims or demands for such loss or damage on account of injury to person or property.
- I understand the Ontario Workplace Safety and Insurance Act does not apply to volunteers, and that as a result I am not entitled to make any claims for compensation pursuant to the Ontario Workplace Safety and Insurance Act.
- Pursuant to Section 39(1) of the Municipal Freedom of Information & Protection of Privacy Act 1989, I authorize the Library to verify all information and/or dates contained in my application including contacting the persons listed for the purpose of obtaining personal references and any data contained in my personnel file.
- That except as authorized, I will not disclose, release or make use of any confidential or personal information that has been shared with, or acquired by me as a volunteer.
- That I will not receive any remuneration, salary, wage, payment, or any employee benefits whatsoever, and I understand that there is no employment relationship as a result of my volunteer activity. Further, I understand that the Library may at its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.

I give permission for my picture to be taken at Library events, and for those pictures and/or my

verbal or written comments to be used by the Library for publicity and campaign purposes.

Privacy

The Brock Township Public Library is committed to protecting the privacy of our members and all patrons who visit the library or our website. We are governed by the Municipal Freedom of Information and Protection of Privacy Act and the Ontario Public Libraries Act R.S.O. 1990. Information is collected under the authority of the Ontario Public Libraries Act R.S.O. 1990 for the administration of library operations.