



**BROCK**  
LIBRARIES

## **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 [info@brocklibraries.ca](mailto:info@brocklibraries.ca). The coordinator of the program works part time and will respond as spaces become available.

### Applicant Information

Full Name:

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*Date*

Address:

\_\_\_\_\_

*Street*

\_\_\_\_\_

*Apt/Unit #*

\_\_\_\_\_

*City*

\_\_\_\_\_

*Prov*

\_\_\_\_\_

*Postal Code*

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

**\*\*Email is our primary method of communication. Please make sure the email you listed is checked daily.**

Library Card Number: \_\_\_\_\_

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/Experience - Include Volunteer Positions

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor? \_\_\_\_\_

## Skills and Strengths

Please list your skills, interests, hobbies, languages spoken, and/or strengths that will help you with the position applied for:

---

---

## 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.

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

If under 18 years of age, a parent or legal guardian is also required to sign.

I hereby certify that I am the parent/legal guardian of \_\_\_\_\_  
and that she/he has my permission to serve as a volunteer with the Library. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

## 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.