



Date _____

I am at least 14 years old

Name _____

Address _____

Town/Province/Postal Code _____

Circle one: Perth / DNE / Tay Valley

Phone _____

E-mail _____

Previous volunteer experience _____

Reason for volunteering _____

Special skills or interests _____

Volunteer work desired – check all that apply or rank in order of most interest

- Home delivery Computer training Reading buddies
- Seed library Children's programs Shelf reading/straightening
- Media lab mentor

Other _____

Dates and times available _____

Emergency contact name/phone _____

I understand and agree to follow the volunteer rules and procedures and all policies and practices established by Perth & District Union Public Library. I agree not to disclose any confidential information I may come into contact with.

Signature

Date

Staff use only
Volunteer background check required <input type="checkbox"/> On file <input type="checkbox"/> Date _____