



Adult Volunteer Information Form

Name: _____

Date of Birth (for insurance purposes): _____

Address: _____

Phone Number: _____

Email: _____

Library Card Number: 21855

Emergency Contact:

Name: _____

Relationship: _____

Phone (home): _____ (work): _____

Related skills, experience & training:

References:

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

Library Use Only

Received: _____

AODA _____

Interview: _____

Police check _____

Placement: _____

Which Library programs would you be interested in volunteering with? Check all that apply.

Library Book Sale: *3rd Thursday: Help organize and run our monthly book sales. The book sale runs the 3rd Thursday of the month. Some exceptions apply.

Library to Go: Provide monthly visits delivering library items to homebound individuals. Volunteers are matched with an individual and will select materials based on the patron's special needs and preferences.

Adult Learning Centre: Tutor adult learners in subjects like Math and English.

Shelf Reader: Assist library staff to ensure books are in their proper place.

Repair Café: Help with event set up and organization, as a greeter or help repair household items. Various repair skills include sewing, electronics, furniture restoration and bike repair. The Repair Café runs the second Saturday of the month.

Poster/Pamphlet distribution in your area.

Fundraising or related activities

Toy Cleaning/Board Game Maintenance: Help ensure items are ready for circulation.

Please contact me for any additional volunteer opportunities that may arise.

• **Please note volunteers require either a police record check or vulnerable sector screening. Staff will notify you which one is required for your volunteer position.**

• **In Ontario, the Accessibility for Ontarians with Disabilities Act (AODA) requires all volunteers to complete Accessible Customer Service training. You will be asked to complete AODA online training when you begin volunteering.**

Confidentiality Agreement: I will respect the privacy and confidentiality of all information to which I am exposed while working as a volunteer for the Owen Sound & North Grey Union Public Library. I promise to keep confidential the private information of persons working in and using the library, including information from and about patrons and matters regarding fellow volunteers and staff members. Intentional or involuntary violation of confidentiality may end the volunteer relationship agreement. Legal action, initiated by the person whose confidentiality was breached, may occur.

Signature of Applicant: _____ Date: _____

Thank you for your interest in volunteering with the Library. When an opportunity that matches your skills and interests becomes available, we will start the training and placement process with you. All volunteer applications are kept on file for 6 months.

**If you have any questions, please contact Shauna Doyle at
519-376-6623 ext. 5206 or sdoyle@library.osngupl.ca**

**Return this form to:
Owen Sound & North Grey Union Public Library
824 1st Avenue West, Owen Sound N4K 4K4**

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is collected under the authority of the Municipal Act, and will only be used for Library purposes.

Accommodation will be provided in accordance with the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act.

Updated January 16 2024