

# VOLUNTEER APPLICATION

Please forward this form to:  
Sault Ste. Marie Public Library  
50 East Street  
Sault Ste. Marie, ON P6A 3C3

Phone: 705-759-5235

Fax: 705-759-8752

e-mail: h.huopalainen@cityssm.on.ca

This application will enable us to better match the skills and interests of volunteers with the tasks that need doing.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

What days and hours would you be available to volunteer?

Weekdays

Weekends

Daytime

Evenings

Are there limitations to your volunteering? If yes, please describe: \_\_\_\_\_

Age Group:

under 16

16-20

21-39

40-55

over 55

Highest level of education completed: \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Most recent position: \_\_\_\_\_

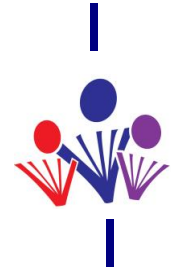
Date: \_\_\_\_\_

Next recent position: \_\_\_\_\_

Date: \_\_\_\_\_



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Please describe the skills you have that would be helpful at the Library:

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What areas of volunteer service interests you?

- Service to Shut-Ins (driver's license and vehicle required)
- Branch to Branch Courier (driver's license and vehicle required)

How long do you expect to be able to volunteer?

- 3–6 months       up to one year       over 1 year
- other: please specify length of time \_\_\_\_\_

References:

1. \_\_\_\_\_  
 Phone: \_\_\_\_\_

2. \_\_\_\_\_  
 Phone: \_\_\_\_\_

Why do you wish to volunteer your services for the Public Library? \_\_\_\_\_

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Are you receiving credit for your volunteer work?       Yes       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

*Thank you for applying to volunteer at your Public Library!*

