



Sault Ste. Marie Public Library

50 East Street, Sault Ste. Marie, ON P6A3C3

T: 705-759-5242 F: 705-759-8752 E-mail: admin.library@cityssm.on.ca Website: www.ssmpl.ca

VOLUNTEER APPLICATION FORM

Date: _____

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Are you currently: In School Working Retired Other

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: Primary Secondary Post Secondary

VOLUNTEER EXPERIENCE

Most recent position: _____ Date: _____

Next recent position: _____ Date _____

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

What areas of volunteer service interests you?

Visiting Library Service (driver's license and vehicle required)

Library Courier (driver's license and vehicle required)

Other Please specify:

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? _____

Are you receiving credit for your volunteer work?

Yes

No

If yes, please explain: _____

*** Note: Criminal Record Check may be required
Friends of the Library accepts their own application form*

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

