

Date _____

About You

Name _____

Address _____

Phone (home) _____ (mobile) _____ (work) _____

E-mail _____

The best way to contact me is by: home phone mobile phone work phone e-mail

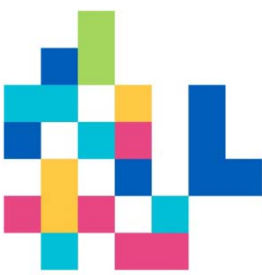
When and where are you available?

Please mark your first and second choices if you have more than one branch at which you could volunteer.

Choice

<input type="checkbox"/>	Alderney Gate	60 Alderney Drive, Dartmouth (902) 490-4268	<u>Tuesdays</u> <input type="checkbox"/> 3:30 - 5:30pm <input type="checkbox"/> 6:00 - 8:00pm
<input type="checkbox"/>	Bedford	15 Dartmouth Road, Bedford (902) 490-4073	<u>Mondays</u> <input type="checkbox"/> 1:00 - 3:00pm <u>Tuesdays</u> <input type="checkbox"/> 6:30 - 8:30pm <u>Thursdays</u> <input type="checkbox"/> 2:00 - 4:00pm <input type="checkbox"/> 6:30 - 8:30pm
<input type="checkbox"/>	Captain William Spry	15 Sussex Drive, Spryfield (902) 490-5715	<u>Mondays</u> <input type="checkbox"/> 9:30 - 11:30 am <u>Wednesdays</u> <input type="checkbox"/> 1:00 - 3:00pm
<input type="checkbox"/>	Dartmouth North	105 Highfield Park Drive, Dartmouth (902) 490-5840	<u>Tuesdays</u> <input type="checkbox"/> 9:30 - 11:30am
<input type="checkbox"/>	Halifax Central	5440 Spring Garden Road, Halifax (902) 490-5990	<u>Mondays</u> <input type="checkbox"/> 1:00 - 3:00pm <input type="checkbox"/> 3:30 - 5:30pm <u>Wednesdays</u> <input type="checkbox"/> 4:00 - 6:00pm <input type="checkbox"/> 6:30 - 8:30pm <u>Fridays</u> <input type="checkbox"/> 9:30 - 11:30am
<input type="checkbox"/>	Halifax North Memorial	2285 Gottingen Street, Halifax (902) 490-6557	<u>Mondays</u> <input type="checkbox"/> 12:00 - 2:00pm <u>Tuesdays</u> <input type="checkbox"/> 10:00am - 12:00pm <input type="checkbox"/> 6:30 - 8:30pm
<input type="checkbox"/>	Keshen Goodman	330 Lacewood Drive, Halifax (902) 490-6408	<u>Tuesdays</u> <input type="checkbox"/> 10:00am - 12:00pm <input type="checkbox"/> 6:30 - 8:30pm <u>Wednesdays</u> <input type="checkbox"/> 1:00 - 3:00pm <input type="checkbox"/> 6:30 - 8:30pm <u>Fridays</u> <input type="checkbox"/> 2:30 - 4:30 pm <u>Saturdays</u> <input type="checkbox"/> 10:00am - 12:00 pm
<input type="checkbox"/>	Woodlawn	31 Eisener Boulevard, Dartmouth (902) 490-3707	<u>Mondays</u> <input type="checkbox"/> 1:00 - 3:00pm <input type="checkbox"/> 12:30 - 3:30pm <input type="checkbox"/> 3:30 - 5:30pm <input type="checkbox"/> 6:00 - 8:00pm

Please see other side



PROGRAM USE ONLY	Matched with:	Notes:
	Start Date:	
	Location / Branch:	
	Co-ordinator / Staff Person:	

Some things about you

Current occupation:

Education:

Describe any skills and/or experience you have that will prove useful in tutoring:

What are your goals and expectations for this volunteer experience?

Do you have any concerns about volunteering? If yes, please specify:

Criminal Record Check

I agree that I will obtain a Police Record Check should I be so requested in furtherance of this application.

- Should I require a criminal records check I will provide the Halifax Regional Police or RCMP with personal information such as current and past addresses, previously used names and date and place of birth.
- I understand that the information the Halifax Public Libraries receives from criminal records checks will be used only for the purpose of screening applications for this position and any Library positions I might apply for in the future.

References

Please provide three (3) references (*References may be personal, but not a relation*)

	Name	Phone	Email
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Confidentiality agreement

During and after my time as a Halifax Public Libraries volunteer tutor, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries ELL for Adults program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____ Date _____