

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 are you available?

All sessions take place after school at the Halifax North Memorial Public Library, located at 2285 Gottingen Street in Halifax.

Tuesday Wednesday Thursday Friday

Tell us about you

Current occupation: _____


Education: _____

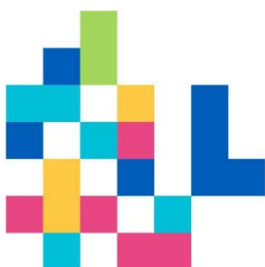
Describe any skills and/or experience you have that will prove useful in tutoring: _____

What are your goals and expectations for this volunteer experience? _____

Do you have any tutoring preferences, eg. gender or skill level / subject matter? If yes, please specify. _____

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

Please see other side 



PROGRAM USE ONLY	Matched with:	
	Start Date:	
	Co-ordinator / Staff Person:	
	Other:	

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	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

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 children's reading support program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____ Date _____