

Halifax Public Libraries English Conversation Group Volunteer Application

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) 490-5745 aginofodesk@halifax.ca	Saturdays <input type="checkbox"/> 9:30-11:30am (All Levels)
<input type="checkbox"/>	Bedford	15 Dartmouth Road, Bedford (902) 490-5740	Saturdays <input type="checkbox"/> 10:00am-12:00pm (All Levels)
<input type="checkbox"/>	Halifax Central	5440 Spring Garden Road, Halifax (902) 490-5706 centralconversation@halifax.ca	Thursdays <input type="checkbox"/> 10:00am-12:00pm (All Levels)
<input type="checkbox"/>	Keshen Goodman	330 Lacewood Drive, Halifax (902) 490-6410	Tuesdays <input type="checkbox"/> 10:00am-12:00pm For women only (Low-intermediate & Intermediate) Wednesdays <input type="checkbox"/> 10:00am-12:00pm For women only (Intermediate & Advanced) Thursdays <input type="checkbox"/> 7:00-8:30pm (Intermediate & Advanced) Saturdays <input type="checkbox"/> 1:00-2:30pm (Low-intermediate) <input type="checkbox"/> 2:30-4:00pm (High-intermediate & Advanced)
<input type="checkbox"/>	Woodlawn	31 Eisener Boulevard, Dartmouth (902) 490-2636 converse@halifax.ca	Tuesdays <input type="checkbox"/> 10:00-11:30am (All Levels)

Some things about you

Current occupation:

Education:

Please see other side 



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

Some things about you (continued)

Describe any skills and/or experience you have that will prove useful in working with newcomers and immigrants:

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What are your goals and expectations for this volunteer experience?

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

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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, I hereby agree to respect the privacy of everyone involved in the Halifax Public Libraries conversation group program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____ Date _____