

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

Please indicate at which location(s) and during which session time(s) you are available to volunteer

Captain William Spry	15 Sussex Drive, Spryfield (902) 221-6758	<u>Tuesdays</u> <input type="checkbox"/> 1:00-3:00pm <input type="checkbox"/> 5:30-8:30pm	<u>Wednesdays (Rockingstone Heights)</u> <input type="checkbox"/> 9:30-11:30am
Halifax Central	5440 Spring Garden Road, Halifax (902) 497-4696	<u>Thursdays</u> <input type="checkbox"/> 3:00-6:00pm <input type="checkbox"/> 6:00-9:00pm	<u>Fridays</u> <input type="checkbox"/> 2:00-5:00pm
Halifax North Memorial	2285 Gottingen Street, Halifax (902) 497-4696	<u>Wednesdays</u> <input type="checkbox"/> 12:00-3:00pm <input type="checkbox"/> 6:00-9:00pm	<u>Fridays</u> <input type="checkbox"/> 10:00am-1:00pm
Keshen Goodman	330 Lacewood Drive, Halifax (902) 221-6758	<u>Thursdays</u> <input type="checkbox"/> 1:00-4:00pm <input type="checkbox"/> 5:30-8:30pm	

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 tutoring preferences, eg. gender or skill level? If yes, please specify. _____

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

Please see other side 



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

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 adult literacy program. I will keep all information about participants confidential and will not discuss this information with anyone except the program coordinator.

Signed _____ Date _____