

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

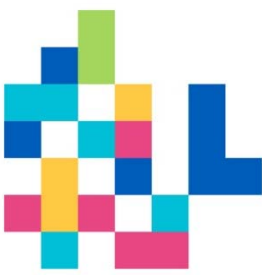
When and where are you available?

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) 220-1258	<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) 229-1673	<u>Mondays</u> <input type="checkbox"/> 9:30-11:30am <input type="checkbox"/> 1:00-3:00pm	<u>Tuesdays</u> <input type="checkbox"/> 6:30-8:30pm	<u>Thursdays</u> <input type="checkbox"/> 6:30-8:30pm		
<input type="checkbox"/> Captain William Spry 15 Sussex Drive, Spryfield (902) 221-6758	<u>Mondays</u> <input type="checkbox"/> 9:30-11:30am	<u>Wednesdays</u> <input type="checkbox"/> 1:00-3:00pm			
<input type="checkbox"/> Dartmouth North 105 Highfield Park Drive, Dartmouth (902) 220-1258	<u>Tuesdays</u> <input type="checkbox"/> 9:30-11:30am				
<input type="checkbox"/> Halifax Central 5440 Spring Garden Road, Halifax (902) 717-8966	<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) 240-7876	<u>Mondays</u> <input type="checkbox"/> 12:30-2:30pm	<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) 225-6984	<u>Tuesdays</u> <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>Thursdays</u> <input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:00-2:00pm (Mosaic Church)	<u>Fridays</u> <input type="checkbox"/> 2:00-4:00pm	<u>Saturdays</u> <input type="checkbox"/> 10:00am-12:00pm
<input type="checkbox"/> Woodlawn 31 Eisener Boulevard, Dartmouth (902) 220-1258	<u>Mondays</u> <input type="checkbox"/> 12:30-2:30pm <input type="checkbox"/> 3:30-5:30pm <input type="checkbox"/> 6:00-8:00pm				

Please see Page 2 



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	_____	_____	_____
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 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 _____