

English Conversation Group

Adult Volunteer Application 2020-21



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

Where and when can you volunteer? Please mark all that apply.

Virtual Zoom Meetings

Tuesdays _____

10:00am-12:00pm

Tuesdays _____

1:00-2:30pm

Thursdays _____

10:00-11:30am

Thursdays _____

3:30-5:00pm

Keshen Goodman Public Library In-Person Sessions

330 Lacewood Drive, Halifax

(902) 490-5738 | kgconversation@halifax.ca

Mondays _____

6:30-8:00pm

Wednesdays _____

10:00-11:30am

Saturdays _____

10:30am-12:00pm

Send your volunteer application to: **Tatjana at samardt@halifax.ca**

PROGRAM USE ONLY

Location/Branch: _____ Date: _____

Co-ordinator/ Staff Person: _____

NOTES:

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 3 references (references may be personal but not of 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 English Conversation Group 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: _____