

# SIX NATIONS PUBLIC LIBRARY

## Volunteer Application Form

|                            |                            |                  |                   |
|----------------------------|----------------------------|------------------|-------------------|
| <b>Name:</b>               |                            |                  |                   |
| <b>Current Address:</b>    |                            |                  |                   |
| <b>Telephone Number:</b>   | (    )                     |                  |                   |
| <b>Current Employment:</b> | <b>Place of Employment</b> | <b>Job Title</b> | <b># of years</b> |
|                            |                            |                  |                   |

***Education:***

| Name of Institution | Degree/Certificate/Program |
|---------------------|----------------------------|
|                     |                            |
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***What are you interested in doing at the Six Nations Public Library?***

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***Do you have you any previous experience working in a library environment? YES/NO If YES, where?***

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***How did you learn about our program?***

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***Volunteer Experience:***

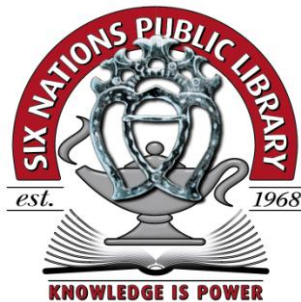
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**Skills:**

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References, please list two people whom we may contact as references for you application, and include contact information. (These should not be relatives, but could be teachers, employers or other community members.)

| NAME | TITLE | PHONE NUMBER |
|------|-------|--------------|
|      |       | ( )          |
|      |       | ( )          |

**When would you prefer to work? (Mornings, Afternoons, Evenings, Weekends, specific days)**

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**Is your volunteerism for pleasure or a requirement (e.g. for school, past of grant, court ordered)?**

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As a requirement of working for the Six Nations Public Library, all staff and volunteers must complete a Criminal Records Check. Volunteers are required to complete the Six Nations CRC or a similar check if living off-reserve. The Director may accept volunteers who do not pass a check at her discretion.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR SNPL USE ONLY**

CRC Complete  Results - + \_\_\_\_\_

Employee Data Sheet  Resume/CV  References #1  References #2

If Required—by whom \_\_\_\_\_ Deadline for Forms \_\_\_\_\_

Director Comments: \_\_\_\_\_

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