



# VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am currently:

- |  |   |
|--|---|
| <input type="checkbox"/> High School Student             | <input type="checkbox"/> Student Full-Time or Part-Time |
| <input type="checkbox"/> Employed Full-Time or Part-Time | <input type="checkbox"/> Retired                        |
| <input type="checkbox"/> Not Currently Employed          | <input type="checkbox"/> Other:                         |

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Describe your volunteer availability (add time to box, or leave blank if not a good time)

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

Availability Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the branches you are interested in volunteering at:

- |   |  |
|---|--|
| <input type="checkbox"/> L.E. Shore Library | <input type="checkbox"/> Craigleith Heritage Depot |
|---|--|

## Skills & Interests

List your skills & talents:

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What hobbies and interests do you have?

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Languages spoken:

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## Experience

I want to volunteer to: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Help others                  | <input type="checkbox"/> Keep busy                           |
| <input type="checkbox"/> Meet people                  | <input type="checkbox"/> Educational requirements            |
| <input type="checkbox"/> Learn new skills             | <input type="checkbox"/> Personal satisfaction               |
| <input type="checkbox"/> Explore career opportunities | <input type="checkbox"/> Show appreciation for help received |
| <input type="checkbox"/> Other:                       |  |

How do you imagine using your skills and interests to volunteer at BMPL?

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Previous volunteer experience?

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References (please provide name and contact information)

1. 

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2. 

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Do you have any health concerns or limitations you would like us to know about to ensure you stay healthy & safe? (optional)

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