

FRIENDS OF THE MISSISSAUGA LIBRARY SYSTEM

VOLUNTEER APPLICATION FORM

Want to get involved but don't know where to begin?

Please take a moment to complete the following. Thank you for your interest!

FULL NAME: _____

ADDRESS : _____

PHONE NO: Home _____ Work _____ Cell _____

Can you commit yourself to a minimum of 40 hours of volunteer service? Yes _____

If a student, please indicate your grade _____

Please check the committees which are of interest to you:

Book Sales Publicity Programmes Membership Corporate Fundraising

Please check your availability for volunteer activities:

Evenings Weekdays Weekends Flexible

How many hours can you spare per week?

1 – 3 3 – 5 5 – 8 8+

Please specify your special skills you would like to offer: _____

Have you ever been convicted of a criminal offense in Canada for which a pardon has not been granted?

Yes _____ No _____

Please give your main reason(s) for becoming a volunteer: _____

Only those applicants being considered for a placement will be contacted. This application will be kept on file for six months.

I acknowledge and understand that if I am successful in obtaining a volunteer placement, the placement is conditional upon receipt of an original Criminal Record Search (Volunteer), Vulnerable Sector Screening, that is acceptable to the Friends of the Library System within 8 weeks of my volunteer placement. There is no search charge for volunteer applications.

Signature of applicant: _____ Date: _____