Name: Town:			
Address: Town: Postal Code:			
Telephone: Email Address:			
nergency Contact:Phone:			
Are you a Student? Grade:School:			
Have you had any previous work/volunteer experience in a library? YES NO			
If YES, where?/when?			
What duties did you perform?			
Are you familiar with the Peace River Library? YES NO			
How many hours would you be available to volunteer?			

WHICH DAYS?	TIME: Morning	Time: Afternoon	Time: Evenings
TUESDAY			Closed
WEDNESDAY			
THURSDAY			
FRIDAY			Closed
SATURDAY			Closed

Please check which duties you might be interested in helping with:

А	Shelving	Н	Children Programs	
В	Shelf Reading	I	Teen Programs	
С	Book Repair	J	Adult Programs	
D	DVD Cleaning	K	General Programming	
E	Inventory	L	Friends of the Library	
F	Seasonal Cleaning Projects	М	Fundraising	
G	Special Events	N	Library Board	

Volunteer application form cont'd:	
What can you tell us about yourselfwhat are your hobbies and/or interests?	
The Peace River Municipal Library & Art Gallery is a Smoke-Free, Fragrance-Free facility. Please list any allergies you may have:	
Your Signature:	
If under the age of 16, please provide parent/guardian signature:	
Are you prepared to provide a police record check if required? Yes No	

Thanks for your interest.

Great Patrons make us a Great Library!

The information on this form is collected under the authority of the Libraries Act and the Freedom of Information and Protection of Privacy Act. The information provided will be used to, contact you should we need your volunteer assistance and calculate administrative statistics and provide information on Library programs. If you have any questions about the collection and use of the information, please contact the Library Director at the Peace River Municipal Library at (780) 624-4076.