



# Cochrane Public Library

## VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
Last Name Given Names

Street/Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Library Card Number: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you worked or volunteered at the Cochrane Public Library before?

No  Yes, which program? \_\_\_\_\_ When? \_\_\_\_\_

### Available Volunteer Opportunities:

- |   |  |
|---|--|
| <input type="checkbox"/> Reading Buddies and The Next Chapter | <input type="checkbox"/> Summer Reading Club         |
| <input type="checkbox"/> Outreach Deliveries                  | <input type="checkbox"/> Special Events              |
| <input type="checkbox"/> Computer Training                    | <input type="checkbox"/> Happy Hands Helpers         |
| <input type="checkbox"/> Story Time                           | <input type="checkbox"/> Gardening                   |
| <input type="checkbox"/> March Break Program                  | <input type="checkbox"/> Book Sale Room              |
| <input type="checkbox"/> Archives/Genealogy Group             | <input type="checkbox"/> Gallery Events/ Art Exhibit |
| <input type="checkbox"/> Other _____                          |  |

Please indicate the times you are available to volunteer:

\_\_\_\_\_ Mornings  \_\_\_\_\_ Afternoons  \_\_\_\_\_ Evenings  Weekends

Are you currently working or a student: \_\_\_\_\_

### Relevant Experience

Volunteer Experience:

---

---

---

Work Experience:

---

---

---

Education:

---

---

**Criminal Record Check required for those volunteers 18 years of age and over**

A Criminal Reference Check will be required if the volunteer will be working with the vulnerable persons sector. A letter and CPIC application will be provided to obtain a CPIC free of charge form the Cochrane OPP Station.

---

Applicant's signature

---

Date

---

Parent's signature (if volunteer is under 18 years of age)

---

Date

(Information collected in accordance to the Public Libraries Act, R.S.O 1990, cP44, and the Municipal Freedom of Information and Protection of Privacy Act.)

**Thank You! We appreciate your interest in volunteering with the Cochrane Public Library!**

**Please return your completed application to the library, mail, fax, or email to:**

Cochrane Public Library  
178 Fourth Avenue,  
Cochrane, ON P0L 1C0  
Tel (705) 272-4178 or Fax (705) 272-4165  
Email: [library@cochraneontario.com](mailto:library@cochraneontario.com)

Updated April 2019

If completing online, please print and complete this application form and deliver it to the Cochrane Public Library.