

# EVERGREEN REGIONAL LIBRARY

65 First Avenue, Gimli, MB R0C 1B0  
Phone: 204-642-7912, Fax: 204-642-8319  
www.erlibrary.ca

---

## Library Volunteer Application Form

### Contact Information:

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

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

Phone: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

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

Which branch would you like to volunteer at?     Gimli     Arborg     Riverton

### Experience and Qualifications

Please list any specific experience, skills, hobbies, or interests. If possible, please include a copy of your resume when you submit your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Application** - Tell us why you want to be part of the ERL team.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Availability:** Please indicate the times that you can volunteer during the week

Monday \_\_\_\_\_ Thursday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Friday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Saturday \_\_\_\_\_

How much time are you interested in volunteering per week? \_\_\_\_\_

**Are there any medical or accessibility issues that we should be aware of?**

---

---

---

**Within the past 10 years have you been convicted of a criminal offence for which a pardon has not been granted?**  Yes  No

If YES, please state the date, place and nature of offense(s) NOTE: Volunteer applicants will be required to consent to a criminal record check.

---

---

---

**In Case of Emergency:**

Emergency contact name: \_\_\_\_\_

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

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

**Confidentiality Agreement:**

I understand that it is the policy of the Evergreen Regional Library to protect the privacy of those who use the library. I agree to hold all information about patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the Library's Volunteer Program.

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

If you are under the age of 16, a signature from your parent or guardian is necessary.

**Signature of Parent or Guardian:** \_\_\_\_\_