



Participated in TIG:  Last Name: \_\_\_\_\_ Date Received (MM/YY): \_\_\_\_\_

**COMMUNITY SERVICE APPLICATION AND CONTRACT FORM**

NAME (first and last): \_\_\_\_\_

CONTACT ME HERE (phone and/or email): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Town/City) (Postal Code)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

Which branches are accessible to you? (circle) Lakeshore Stroud Cookstown

Indicate if you are available to volunteer during any of the following: (check)

- After School Programs (Tuesday-Friday)
- Evenings
- Saturdays
- Summer
- March Break
- PA Days

List specific days or times you are unavailable: \_\_\_\_\_

Help us find a good fit for you by telling us about yourself: (check those that apply)

- I have worked with children (age groups: \_\_\_\_\_)
- I am interested in working with children
- I am interested in arts and crafts
- I am interested in the Maker Space (if experienced, please note: \_\_\_\_\_)
- I have experience with iMovie, Greenscreens, or other relevant software
- I am interested in photography
- I have a disability that requires accommodation (How can we accommodate your needs: \_\_\_\_\_)

Describe any additional interests, relevant skills, or experience you can bring to the Library environment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Responsibilities of a Volunteer:*

I understand that the responsibilities of a volunteer are: to be on time, reliable, and mature in attitude; to carry out any assigned duties in a responsible and dedicated manner; to accept the leadership of the staff supervisors; to dress and behave appropriately at all times; and to observe all Library rules and policies. I promise to hold confidential all matters that come to my attention while serving as a volunteer for the Innisfil ideaLAB & Library, including private information from and about patrons and matters regarding fellow volunteers and staff members.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

In case of Emergency, please contact...

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please note: this form will be kept on file for 1 year. Applicants who complete no volunteer hours during this time will be required to submit a new form should they wish to remain a Library volunteer.**

### **VOLUNTEER HOURS TRACKING**

(For Library Use Only)

<b>Date</b>	<b>Hours</b>	<b>Duties</b>	<b>Comments</b>	<b>Hours Recorded On Official School Record?</b>

General Comments and Feedback: