

Teen Advisory Group Volunteer Application Fall 2018

Today's Date: _____

First Name: _____ Surname: _____

Are you under 19 years of age? Please circle one: Yes No

Street Address: _____ Apartment: _____

City: _____ Postal Code: _____

Phone Number: _____ Email: _____

School: _____ Grade: _____

Yes, I would like to receive email information about upcoming teen programs (non-volunteer opportunities)

Please check all streams which interest you. Please refer to the “Teen Advisory Group” Volunteer Profile for further information about each stream:

Creative Puppet Stream

Main Library, Wednesdays, 3:45-4:45 pm (6 weeks; begins October 17th, 2018)

Leading to Reading (winter and summer sessions)

Event Stream (events takes place at a variety of dates and times)

Advisory Committee (meetings on the third Tuesday of the month, 7:00-8:30 pm)

Teen Advisory Group Volunteer Application Fall 2018 continued

Emergency Contact Form

First Name: _____ Surname: _____

Relationship to you: _____

Phone Number: _____ Alternate Phone Number: _____

The Personal information on this form is collected under the authority of the Public Libraries Act and the Municipal Freedom of Information and Protection of Privacy Act. This information will only be used for the proper administration of the library and the provision of library services and programs by Milton Public Library. Questions related to the collection of this personal information should be directed to the Deputy Chief Librarian, Milton Public Library, 1010 Main Street East, Milton, L9T 6H7.

Teen Advisory Group Volunteer Application Fall 2018 continued

References:

Please provide both a personal reference **and** a work/academic/volunteer experience reference, using the attached forms. **Your application will not be considered unless accompanied by these completed reference forms.** Please provide your referees with an envelope in which they can seal the form and sign the closure before they return it to you. Submit your application and the accompanying reference envelopes to the staff either at Main Library or Beaty Branch. A program coordinator will contact you regarding an interview by September 21st, 2018. We thank you for your interest in volunteering with Milton Public Library but only those applicants shortlisted for a position will be contacted for an interview.

You are also required to complete and submit the section below. Please read before signing.

I, _____ (applicant) hereby authorize Milton Public Library to solicit a reference from _____ and _____

(names of referees) in connection with my application for this volunteer position, and to investigate any statements made in this application. In so doing, I release Milton Public Library and all others from liability in connection with such activities.

I hereby authorise the above named referees to provide a reference in connection with my application for this volunteer position, and release them from any liability in regard to providing that reference.

I hereby confirm that I have provided my referees with the reference form to complete themselves and that they have returned the completed form to me in a signed and sealed envelope, ensuring their confidentiality.

Applicant's signature: _____

Date: _____

Thank You! We appreciate your interest in volunteering with
Milton Public Library

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