

Reading Buddies

Volunteer Tutor Application

Please print this application form, fill it in,
and return it to the Mary J. Benson Branch of the Port Hope Public Library.

Note: Some sections may not apply to student volunteers.
Please mark those sections N/A.

Today's date: _____

Name: _____

Address: _____

Email address: _____

Home phone: _____ Work phone: _____

Occupation: _____

Best days and times to reach you by telephone: _____

Library card number: _____

Days available for tutoring: _____

If you are currently in high school/college/university:

Name of institution: _____

Grade/Year, Major: _____

How did you hear about this volunteer opportunity? Please check one:

Library *What's On* newsletter _____ Newspaper _____

Volunteer Centre _____ Teacher/School _____

Other (please specify) _____

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Relevant Experience (Please indicate approximate dates)

Education:

Work experience:

Volunteer experience:

Skills, interests, hobbies, other experience:

References: *(This section must be completed)*

Please provide one personal/family reference and one work/academic/volunteer experience reference.

Name: _____ Relationship to you: _____

Address: _____

Home phone: _____ Other phone: _____

How long have you known this person? _____

Name: _____ Relationship to you: _____

Address: _____

Home phone: _____ Other phone: _____

How long have you known this person? _____

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(This section must be completed)

I, _____, (applicant)
hereby authorize the Port Hope 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 herein, and release the Port Hope Public Library and all others from
liability in connection with same.

I hereby authorize 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 same.

Signature: _____

Date: _____

I hereby certify that all of the information included in this application form is
true and complete. I understand that an incomplete application may not be
considered, and that providing false or misleading information may result in
dismissal, regardless of the time of discovery. I understand that to ensure the
safety of Port Hope Public Library patrons, I may be asked to complete a Police
Records Check at no cost to myself.

Signature: _____

Date: _____

Thank you for your interest in volunteering with the Port Hope Public Library.

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.

For further information, please contact the Library at
library@lpthope.ca or 905.885.4712.