



Volunteer Application

Thank you for your interest in volunteering with Out on the Shelf. We rely completely on our volunteers to provide our services and are very pleased that you are interested in joining us.

Please use this form to apply to volunteer with us. The information you give will be used to help us match your skills and interests with the areas where we need help. The information you give us will be kept confidential.

Personal Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Telephone: Home: _____ Work: _____

What is your current or past profession / career? _____

How did you hear about Out on the Shelf?

Why are you interested in volunteering with us?

Is there a particular type of volunteer work in which you are interested?

- | | | |
|---|---|--|
| <input type="checkbox"/> Outreach and Promotion | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Administrative / Office Help | <input type="checkbox"/> New Initiatives |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Staffing the Library | <input type="checkbox"/> Other |

Please specify:

How many hours per week are you able to volunteer? (We also need occasional / casual volunteers for special projects and events):

When are you available to volunteer? (Choose all that apply)

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have any special needs which need to be taken into consideration when selecting a suitable volunteer position? (E.g. medical conditions, physical restrictions, severe allergies, etc.): Yes No

If yes, please explain:

Skills and Experience

Please describe any present or past paid work, volunteer work, education and/or community experience you feel would be relevant to Out on the Shelf:

Please describe any special skills, talents, or interests you would like us to know about:

References

Please list two references:

Name:			
Address:			
City:	Province:	Postal Code:	
Telephone:	Day:		
	Evening:		

Name:			
Address:			
City:	Province:	Postal Code:	
Telephone:	Day:		
	Evening:		

Thank you for taking the time to fill out this application!

Out On The Shelf prohibits discrimination and harassment and protects the right to be free of hate activity based on age, ancestry, citizenship, creed (religion), colour, dis/ability, ethnic origin, family status, gender identity, appearance, mode of dress, HIV status, Acquired Immune Deficiency Syndrome (AIDS), level of literacy, marital status, place of origin, membership in a union or staff association, political affiliation, race, receipt of public assistance, record of offenses except where it relates to a bona fide qualification because of the nature of the placement, sex, sexual orientation, or any other personal characteristics by or within the organization.