



# Visiting Library Services Volunteer Application

Thank you for your interest in volunteering with the Strathmore Municipal Library. Please complete and return this application. The Visiting Library Services Coordinator will contact you shortly for an interview.

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Postal Code

Telephone: \_\_\_\_\_  
Home Mobile

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

Emergency Contact: \_\_\_\_\_  
Name Telephone

Why are you interested in becoming a Visiting Library Services volunteer?

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Have you volunteered before?  Yes  No

If yes, where and what types of duties did you perform?

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Do you have any physical limitations that might exclude you from carrying boxes or bags of books?

Yes  No

Do you have access to a vehicle to perform your volunteer duties?  Yes  No

Do you consent to having a criminal record check including a vulnerable sector check?  Yes  No

Please indicate your availability: (check all that apply)

Mon am     Tue am     Wed am     Thurs am     Fri am     Sat am

Mon pm     Tue pm     Wed pm     Thurs pm     Fri pm     Sat pm

By signing below, I acknowledge my volunteer job performance may be evaluated periodically.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional:** If we photograph you, may we use your picture (no last names or other personal information will be used) in promotional materials and on the web site? If you agree, read and sign below:

I, the undersigned, do hereby give and grant permission, in perpetuity, to the Strathmore Municipal Library Board of Trustees (hereafter, SMLB), to use in such manner as it may deem desirable, my appearance in any photographs. I understand that those photographs may be edited and used in whole or part in any manner of media, including but not limited to, newsprint, magazines, television and the Internet. Further, SMLB, shall have complete ownership of the photographs, and shall have the exclusive right to make use of such photographs as it deems appropriate. I understand that I am to receive no compensation for my appearance in any photograph, or as a result of any use of the photograph by SMLB. I further give and grant to SMLB the right to use my name, likeness and biographical material in connection with its use of the photographs.

Signature \_\_\_\_\_

For Office Use Only

Date Placed: \_\_\_\_\_ Orientation \_\_\_\_\_

Notes:

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