

Volunteer Registration Form



Part A: General Information

Full Name:

Phone Number:

Mailing Address:

Email Address:

Preferred Method of Contact:

Phone

Email

Please describe the proposed volunteer role, including the Branch Location:

Have you discussed this role with the Library Assistant-in-Charge at this location?

Yes

No

Part B: Reference Information

Reference 1:

Full Name:

Position/Relationship:

Phone and/or Email:

Reference 2:

Full Name:

Position/Relationship:

Phone and/or Email:

Part C: Record Check Information

I have attached copies of the results of each of the following record checks:

Child Abuse Register Search

RCMP Records Check (including Vulnerable Sector Verification)

I certify that all information provided in this form is true and correct to the best of my knowledge. I give my consent to Eastern Counties Regional Library to use the information provided herein, including attachments, to determine my suitability as a volunteer.

Signature: _____

Date: _____