



APPLICATION FORM FOR THE TEENAGE VOLUNTEER PROGRAM

This form can be printed before or after completion. It must be handed to the Youth Section staff of the Reginald J.P. Dawson Library (1967 Graham Blvd., Mount Royal H3R 1Z5). *The signature of a parent is essential.*

| General information | |
|----------------------------------|---|
| Last name: _____ | First name: _____ |
| Age: _____ | Membership number: _____ |
| Email address: _____ | Phone number: _____ |
| Emergency contact name: _____ | Preference: <input type="checkbox"/> Phone <input type="checkbox"/> Email |
| Emergency phone number(s): _____ | |
| School: _____ | |
| School year: _____ | |

| Specific information and availabilities | | | | | | | |
|--|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Which language are you most comfortable working in for this program? | <input type="checkbox"/> French <input type="checkbox"/> English | | | | | | |
| Do you have to cumulate volunteering hours for your school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| If so, how many hours do you need to accomplish? | _____ | | | | | | |
| Name of the supervising teacher or academic supervisor: | _____ | | | | | | |
| E-mail address or phone number of the teacher/supervisor: | _____ | | | | | | |
| By which date do you have to accomplish the hours? | _____ | | | | | | |
| Do you want to volunteer during summer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| How many hours are you willing to volunteer per week/month? | _____ per week _____ per month | | | | | | |
| In the grid below, check all the time slots you would be available to work. Volunteer shifts will last one to two hours in these time slots, depending on the program. | | | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 10:00-12:00 | / / / / / / / / | / / / / / / / / | / / / / / / / / | / / / / / / / / | / / / / / / / / | | / / / / / / / / |
| 12:00-16:00 | / / / / / / / / | / / / / / / / / | / / / / / / / / | / / / / / / / / | / / / / / / / / | | |
| 16:45-18:00 | | | | | | / / / / / / / / | / / / / / / / / |
| 18:00-20:00 | | | | | | / / / / / / / / | / / / / / / / / |

| Motivation, interests and skills |
|---|
| Why would you like to volunteer at the library? |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |

Motivation, interests and skills (continued)

Have you ever volunteered with kids?

Yes No

What skills and qualities do you have that could facilitate your volunteer work?

What are your interests/hobbies?

Which language are you most comfortable reading in?

French English Both

What is your favourite book? Why?

What kind of volunteer work do you want to do? (Check everything that interests you.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Reading Buddies | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Multilingual Storytime | <input type="checkbox"/> Coding Club | <input type="text"/> |
| <input type="checkbox"/> Lego Madness Program | <input type="checkbox"/> Summer programs (ex : Chalks) | |

Agreement

I agree to observe the following rules:

- Be on time and respect the established timetable.
- Arrive for each session at least five minutes early.
- Inform library personnel as early as possible if you will be late or absent.
- Respect the library's personnel, clientele, and premises.
- Do not text, play, or talk on your phone during the session.

Violating any of these rules may lead to my expulsion from the program.

I understand that I am applying for a volunteer position and will not be compensated for my services or my time. I also understand that two unjustified absences may lead to my expulsion from the program.

Signature

I hereby agree to respect the confidentiality of all information I may receive about the clientele, personnel, or volunteers of the Reginald J. P. Dawson Library during and after my time volunteering there.

Signature : _____
Applicant

Date : _____
yyyy / mm / dd

Signature : _____
Parent

Date : _____
yyyy / mm / dd