

# Children's & Youth Services Volunteer/Community Hours Application



The Community Hours program was developed by the Georgina Public Library's Children & Youth Services staff to provide teens in the community with a meaningful and useful volunteer work experience. With this in mind, **library staff request that high school students assume responsibility for communicating with us directly.** This can be done via email to [libraryprograms@georgina.ca](mailto:libraryprograms@georgina.ca).

**The coordinator of the program works part time and will respond as spaces become available.**

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City Prov Postal Code*

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

**\* Please Note: Email is our primary method of communication. Please make sure the email you list is checked daily.\***

Library Card Number: \_\_\_\_\_

Branch Choice (Please circle all that apply): Keswick Peter Gzowski (Sutton) Pefferlaw

What evenings are you available? (Please circle all that apply): Tuesday Wednesday Thursday

## Education

School: \_\_\_\_\_ Grade \_\_\_\_\_

Favourite Subjects: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

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 Address: \_\_\_\_\_

**Previous Employment/Experience – include volunteer positions**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Skills and Strengths**

*Please list your skills, interests, hobbies, languages spoken and or strengths that will help you with the positions applied for.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian if under 16 years of age:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Waiver**

To complete your application, please also include a signed copy of our Volunteer Waiver. This waiver is also located on our website: <https://www.georginalibrary.ca/teenvolunteerandcommunityinvolvementhours/>

**Privacy**

Georgina Public Library is committed to protecting the privacy of our members and all patrons who visit the library or our website. We are governed by the Municipal Freedom of Information and Protection of Privacy Act and the Ontario Public Libraries Act R.S.O. 1990. Information is collected under the authority of the Ontario Public Libraries Act R.S.O. 1990 for the administration of library operations.

The information collected above will only be used to contact you in regards to the Children's & Youth Services Volunteer/Community Hours program, and will be destroyed 24 months after completion of the program and/or leaving the program. This is to accommodate reference requests.