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 Public Services Manager? ☐ 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

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: _____