

FORM 2.4.5 VOLUNTEER APPLICATION

1. First and Last Name
2. Street Address
3. Town
4. Postal Code
5. Primary Phone Number
6. Secondary Phone Number
7. Email Address
8. Preferred Pronouns
9. Preferred Method of Contact
 - ☐ Email
 - ☐ Phone
 - ☐ Text
10. Are you between the ages of 12 and 15? If yes, you will need parental permission to volunteer.
 - ☐ Yes
 - ☐ No
11. List your hobbies, interests, and skills
12. During which hours are you available to volunteer? (Tick all that apply)
 - ☐ Weekday mornings
 - ☐ Weekday afternoons
 - ☐ Weekday evenings
 - ☐ Weekend mornings
 - ☐ Weekend afternoons
 - ☐ Weekend evenings

13. Which positions are you interested in applying for? (Tick all that apply)
- Special Events Programs
 - Friends of the Morinville Community Library (over 18 years only- please contact the library as there is an additional application form)
 - Morinville Library Board Member (please contact the library for an additional application form)
 - Teen Advisory Board (ages 13-19)
14. Why would you like to volunteer with the Morinville Community Library? *

The information on this form is collected under Section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Morinville Public Library. If you have any questions, please contact the Information Management/FOIP Coordinator for the Morinville Public Library at 10119 100 Ave, Morinville, Alberta, T8R 1P8 or (780)939-3292.