Volunteer Application
Friends of the Mississauga Library System

Information provided on this form will be used to select volunteers for the work of the Friends. Most of our volunteer work is the sorting, pricing and shelving of books for sale, to raise funds for the work of the Friends in promoting literacy and the Mississauga Library. If you enjoy being around books and book loving people, this is the place to be.

Please Print!

Last/family name _____ First/given name(s) _____

Address: _____ Postal code: _____

Phone – home: _____ Phone – business: _____

Phone – mobile: _____ Email: _____

Your local Mississauga Library Branch: _____

Occupation (if a student, complete following*) _____

**Students who require volunteer hours as part of the Community Service Program, please indicate:*

Grade: _____ Total hours required _____ and by what date: _____

Volunteer experience: _____

Employment experience: _____

Skills useful to the work of the Friends; language(s) spoken: _____

_____

Parental Consent and Commitment to Student's Participation in Volunteer Program _____

Available for volunteer work – check ✓ all that apply:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning – 9 to 12	CLOSED	CLOSED		CLOSED	CLOSED		CLOSED

The Friends collects availability information so that we can support a range of opportunities. ***At present, standard volunteer sessions are 9:00 to 12:00 on Wednesday and Saturday at the Central Library.***

How many hours can you provide per week? 1 - 3 ☐ 3 - 5 ☐ 5 - 8 ☐ 8+ ☐

Please check the Friends' activities that are of interest to you:

Book sales ☐ Publicity ☐ Programs ☐ Membership ☐ Corporate fund raising ☐

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes ☐ No ☐

I acknowledge and understand that if I am successful in obtaining a volunteer placement, the placement is conditional upon my completing a Record of Offences Declaration that is acceptable to the Friends of the Mississauga Library.

Signature of Applicant: _____ Date: _____

Only those applicants being considered for a placement will be contacted. y y y y / m m / d d

Please scan and email the completed form to: admin@folmississauga.ca, or mail to:
Friends of the Mississauga Library System, P.O. Box 43070, RPO Parkway West, Mississauga, ON L5B 4A7

For office use only (use reverse for contact notes):

Notified acceptance (date): _____ Record of Offences Declaration completed (date): _____

Initial training/familiarisation (date): _____ Safety ☐ Respectful workplace ☐ Accessibility ☐

End date: _____ Student letter/hours record provided (date): _____