



**Temiskaming Shores Public Library
Volunteer Application Form**

Date: _____

Name: _____

Mailing address: _____

Home phone: _____ **Cell phone:** _____

Email address: _____

School or Program (if student): _____

Languages spoken: ☐ English ☐ French ☐ M / F

Are you a student who needs to complete hours for a school program?: _____

If so, how many hours do you wish to log at the library?: _____

Age category: ☐ 14 to 17 ☐ 18-65 ☐ Over 65

Work experience/present occupation:

Please list any specific skills, hobbies or interests you wish to share:

I am available: ☐ Mornings ☐ Afternoons ☐ Evenings

Please specify which days: _____

References:

1. _____

(Name)
(Relationship)
(Phone #)

 2. _____

(Name)
(Relationship)
(Phone #)

In case of emergency the following contact information is required:

Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

Are there any allergies, physical limitations, disabilities, medical or health conditions we should be aware of?

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

Comments: _____

As a potential volunteer will you agree to a Police Records Check at your expense if required?: ☐ **Yes** ☐ **No**

Signature, Release of Information, and Release of Liability

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

- I certify that the information in this application is true and complete.
- I understand that I may be required to submit a current and valid Police Records Check and that I will be responsible for the procurement of such documents.
- I agree to comply with all of the rules, regulations and policies of the Temiskaming Shores Public Library. I fully understand that I will receive no compensation, wage, salary or benefits for services provided and further understand that there is no employment relationship with the Library or the City of Temiskaming Shores as a result of my volunteer activity.
- I understand that my volunteer activity may involve personal risk and could result in property damage or bodily injury. In the event of a claim arising out of my good faith performance of authorized volunteer activities for the Library, the City of Temiskaming Shores will provide third party liability insurance coverage, subject to the conditions of the insurance policy. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.
- With the exception of the types of claims set out in the preceding paragraph, I hereby release the Temiskaming Shores Public Library and the City of Temiskaming Shores, its officers, employees, and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation as a volunteer.
- This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
- I understand that the Ontario Workplace Safety and Insurance Act does not apply to volunteers, and that as a result I am not entitled to make any claims for compensation pursuant to the Ontario Workplace Safety and Insurance Act.
- I consent to the release of information regarding personal references and criminal record check by the persons listed above in agreement with Section 32(b) of the Municipal Freedom of Information & Protection of Privacy Act 1989.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

If under 18 years of age, a parent or legal guardian is required to sign.

I hereby certify that I am the parent/legal guardian of _____, a minor pursuant to the Age of Majority and Accountability Act and that s/he has my permission to serve as a volunteer with the Library. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

Signature of Volunteer or Parent/Legal Guardian

Date

Personal information contained on this form is collected under the Authority of the Municipal Act RSO 1990, c.M.45 s 207 (45). This information is collected for the administration and management of volunteers at the Temiskaming Shores Public Library. Personal information collected for these purposes will only be used internally at the Library, and will only be disclosed to you, except if the law requires disclosure to a third party.