

HOME DELIVERY SERVICE VOLUNTEER APPLICATION

Surname:_	First name:							
Address: _								
Email Add	ress:							
Postal Cod	Code:Phone #: Daytin			time	meEvening			
Occupation	ı:							
Volunteer 1	Experienc	ee:						
Interests/H								
Availability	y:							
	MON	TUES	WED	THURS	FRI	SAT	SUN	
Morning Afternoon								

File No: 7960-03 - Revised 2022 04



How did you hear about volunteer opportun	nities at the Library?
What is your closest Surrey Libraries brand	ch?
Name and contact numbers of two reference	es:
Name	Phone
Name	Phone
Authorization to Collect Personal Information	<u>tion</u>
the <i>Library Act</i> and section 26(c) of the <i>Fr Privacy Act</i> . Personal Information is collect recruitment. For questions regarding the	ted for the purposes of Library volunteer
Libraries are under no obligation to accept me	rences I have supplied. I acknowledge that Surrey
Signature of Applicant	Date

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