

HOME DELIVERY SERVICE VOLUNTEER APPLICATION

Surname: _____ **First name:** _____

Address: _____

Email Address: _____

Postal Code: _____ **Phone #: Daytime** _____ **Evening** _____

Occupation: _____

Volunteer Experience: _____

Interests/Hobbies:

Languages Spoken/Special Skills: _____

Availability:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							

How did you hear about volunteer opportunities at the Library?



What is your closest Surrey Libraries branch?

Name and contact numbers of two references:

Name	Phone
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Name	Phone
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Authorization to Collect Personal Information

Surrey Public Library is authorized to collect personal information under the authority of the *Library Act* and section 26(c) of the *Freedom of Information and Protection of Privacy Act*. Personal Information is collected for the purposes of Library volunteer recruitment. For questions regarding the collection of personal information, please contact the Manager of Administrative Services, 10350 University Drive, Surrey, BC, V3T 4B8, 604-598-7303.

I hereby give consent to Surrey Libraries to contact the above references regarding this application, and to validate the character references I have supplied. I acknowledge that Surrey Libraries are under no obligation to accept me as a volunteer. I have contacted the above references and ensure their willingness to provide a reference for me, and have confirmed their contact information.

Signature of Applicant

Date