



**Volunteer Application**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Are you currently a member of the Smiths Falls Public Library?** \_\_\_\_\_

**Are you at least 14 years of age?** \_\_\_\_\_

**Are you willing to undergo a Vulnerable Sector Check if needed?** \_\_\_\_\_

**What position(s) are you interested in?**

*Event Assistant* \_\_\_\_\_

*Shelf Reader* \_\_\_\_\_

*Craft Preparer* \_\_\_\_\_

*Flyer Deliverer* \_\_\_\_\_

*Teen Advisory Board Member* (please fill out TAB application instead)

**Why are you interested in volunteering at the Smiths Falls Public Library?**

**Why would you be a great volunteer?**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Please bring completed application to the library circulation desk. Thank you.*