



DORVAL

### LIBRARY VOLUNTEER APPLICATION

All information will be kept confidential.  
(Please print)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

☎(home) ( ) \_\_\_\_\_ ☎(office) ( ) \_\_\_\_\_ ext.: \_\_\_\_\_

E-mail \_\_\_\_\_ Adult (18 +)  Minor

Languages Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Availability (specify): \_\_\_\_\_

Skills, experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of work that interests you:**

Reading Buddies  Home delivery  Events

Other (specify): \_\_\_\_\_

Are your volunteer hours required as part of a community service programme? Yes  No

If "yes", specify the number of hours to be completed, and by what date: \_\_\_\_\_

**References:** Two minimum (Must have known you for at least 2 years. One may be related or living with you.) NB: Please inform these people that you have given their names as reference.

Name, address, relationship	☎ Home	☎ Work Year known
_____	_____	_____
_____	_____	_____

I authorise the City of Dorval to take my photo, or my child's photo, and I understand that these images may be used in print and online promotion of the Library and its programs. Yes  No

Volunteers age 18 + may be required to submit to a Police Records check (PRC) prior to acceptance as a volunteer. Individuals who refuse to comply with this request will not be accepted. A signed consent for release of information must be obtained from the volunteer in order to proceed with the PRC.

Have you been previously screened by the City of Dorval? Yes  No  Which year? \_\_\_\_\_

The information collected via this form is required to process your online requests and complaints. It is intended to be processed exclusively by City of Dorval employees who require access to it in the course of their duties, as well as by current or future subcontractors or partners for exclusively technical and logistical reasons. Physical, organizational, contractual, and technological security measures have been put in place to protect it. We will use, disclose, or retain these records only as long as necessary for the fulfillment of those purposes and to the extent permitted or required by law. You have the right to access and rectify your personal information, and you may withdraw your consent at any time. If consent is refused or withdrawn, please note that we may not be able to process your request. For any inquiries, please contact our Privacy Officer, Julia Levitin, at jlevitin@ville.dorval.qc.ca

Volunteer's signature\*\* \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Volunteers who have not reached the age of 18 must have this form signed by a parent/guardian prior to volunteering.**

**Thank you for your commitment to our community!**

#### OFFICE USE ONLY

Volunteer Coordinator	Interviews done (date)	References Checked
_____	_____	_____
(PRC) form received	PRC form sent to MUC	PRC form returned
_____	_____	_____

