



Volunteer Application – Adult Literacy Program

- Hand in the form at any Toronto Public Library branch. Branch staff will forward the application to **Adult Literacy Program Supervisor – NYCL Adult Literacy**.
- If completing online, send to adulthoodliteracy@torontopubliclibrary.ca

Today’s Date (MM/DD/YYYY): _____

Personal Information

First Name: _____ Family/Last Name: _____

Street Address: _____ Apt. No: _____

City: _____ Province: _____ Postal Code _____ Occupation (if any): _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____

E-Mail Address: _____

TPL Library Card Number: _____

Emergency Contact : _____

Name: _____ Telephone Number: () _____

Relevant Experience

Education:

Work Experience:

Volunteer Experience:

Skills, Interests, Hobbies:

Have you volunteered at this or another Toronto Public Library program before?

No

Yes, which program? _____

When? _____

Are you currently active in another Toronto Public Library volunteer program?

No

Yes, which program? _____

Available volunteer locations:

- Albion (Albion & Kipling)
- Barbara Frum (Bathurst & Lawrence)
- Don Mills (Don Mills & Lawrence)
- Downsview (Keele & Wilson)
- Fairview (Don Mills & Sheppard)
- Malvern (Sheppard & Neilson)
- Maria A. Shchuka (Eglinton & Dufferin)
- North York Central (Yonge & Sheppard)
- S.W. Stewart (O'Connor & Coxwell)
- York Woods (Finch & Jane)

Please indicate the location where you would like to volunteer. If more than one location, please list in order of preference:

#1. _____

#2. _____

Please check the office hours of your chosen location, by visiting:

www.torontopubliclibrary.ca

(Click on “**Volunteering**,” in the bottom right hand corner of the homepage.)

Please indicate the times you are available to volunteer:

_____ Mornings _____ Afternoons _____ Evenings

References

Please provide a work/academic/volunteer experience reference and a personal/family reference.

Professional Reference

Name: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Relationship to you: _____

How long have you known this person? _____

Personal Reference

Name: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Relationship to you: _____

How long have you known this person? _____

I, _____ (applicant), hereby authorize Toronto Public Library to solicit a reference from _____ and _____ (names of referees) in connection with my application for this volunteer position, and to investigate any statements made herein, and release Toronto Public Library and all others for liability in connection with the same.

I hereby authorize the above named referees to provide a reference in connection with my application for this volunteer position, and release them from any liability in regard to the same. (If completing online, please enter your name.)

Signature

Date (DD/MM/YYYY)

I thereby certify that all of the information included in this application form is true and complete.

I understand that an incomplete application will not be considered, and that providing false or misleading information may result in dismissal, regardless of the time of discovery.

Signature

Date (DD/MM/YYYY)

Thank You! We appreciate your interest in volunteering with the Toronto Public Library.