



Public Library Service

Volunteer Interest Form

Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be only for the purpose of providing library services. Questions regarding the collection and use of this information can be directed to the Director of Libraries and Archives at P.O. Box 2000 Charlottetown, PE C1A 7N8.

Date: _____

Name (please print): _____

Address: _____

Phone Number: _____ Email Address: _____

Languages spoken: English French Other (please specify) _____

List the branches where you would like to volunteer, in order of preference:

Please check the days and times when you can volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Mornings Afternoons Evenings

Please check how frequently you can volunteer:

Daily Once-a-week Once-a-month Twice-a-month As needed

Please check the opportunities in which you are interested:

Shelf Reading and Shelving Book Sale Children's Programs Adult Programs
Outreach Programs Computer Training Book Club Leader

Other interests: _____

All volunteers will be required to provide a satisfactory criminal record check.
Please return this form to your local library.