

# VOLUNTEER APPLICATION FORM



## PERSONAL INFORMATION

Full Name:

Phone # (cell):

Phone # (home):

Email Address:

Emergency Contact Name:

Emergency Contact Phone #:

I am 16 years of age or older:            yes            no

## VOLUNTEERING INFORMATION

I need to obtain secondary school volunteer hours:            yes            no

Volunteer experience:

Work experience:

Preferred Branch:            Caistorville            Smithville            Wellandport

Area(s) of interest (check all that apply):            Friends of the Library            Special Events

                                 Visiting Library Service            Volunteer Driver            Programs            Any Area

Availability:

Why are you interested in volunteering with West Lincoln Public Library?

# VOLUNTEER APPLICATION FORM



## REFERENCES

**Reference Name:**

**Reference Phone #:**

**Reference Name:**

**Reference Phone #:**

I declare the above information to be true and complete, and authorize West Lincoln Public Library to solicit references from those named above.

**Signature:**

**Date:**

## VOLUNTEERING CONFIDENTIALITY AGREEMENT

Volunteer will perform services for West Lincoln Public Library which may require West Lincoln Public Library to disclose confidential information ("Confidential Information") to Volunteer. (Confidential Information is any information of any kind, nature, or description concerning any matters affecting or relating to Volunteer's services for West Lincoln Public Library or the Township of West Lincoln, the business or operations of West Lincoln Public Library, and/or the products, drawings, plans, processes, or other data of West Lincoln Public Library.)

Accordingly, to protect the West Lincoln Public Library Confidential Information that will be disclosed to Volunteer, the Volunteer agrees as follows:

Volunteer will hold the Confidential Information received from West Lincoln Public Library in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.

Volunteer will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by West Lincoln Public Library. Volunteer undertakes to treat confidentially all such information and to not disclose it to any third party either during his employment, except as may be necessary to perform his/her duties, or after termination of his/her employment.

Volunteer will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for West Lincoln Public Library.

Volunteer will, upon request or upon termination of his/her relationship with West Lincoln Public Library, deliver to West Lincoln Public Library any drawings, notes, documents (electronic or hard copy), equipment, and materials received from West Lincoln Public Library or originating from its activities for West Lincoln Public Library.

West Lincoln Public Library shall have the sole right to determine the treatment of any information that is part or project-specific received from Volunteer, including the right to keep the same as a trade secret, to use and disclose the same without prior patent applications, to file copyright registrations in its own name or to follow any other procedure as West Lincoln Public Library may deem appropriate.

West Lincoln Public Library reserves the right to take disciplinary action, up to and including termination for violations of this agreement.

**I agree to the above confidentiality agreement.**

**Signature:**

**Date:**