

For Library Staff Use Interview date:	Only:
Ref check: #1 #2 Training date:	AODA 🗆
First session date:	

Adult Literacy Program

Volunteer Application

Accessibility Statement

Today's Dato

If you identify as a person with a disability or a person who is Deaf, and require this document in an accessible format, please contact adultliteracy@tpl.ca or use the online form at tpl.ca/accessibility to make a request.

- Please email the completed application to adultliteracy@tpl.ca
- Alternatively, submit the completed application to any TPL branch
 Branch staff: send the completed application to Adult Literacy NYCL Concourse
- For more information about Adult Literacy Services, visit tpl.ca/adultliteracy

Today's Date.		
1. Personal Information		
Name:		
City:		
	Postal Code:	
Primary Phone:	Secondary Phone:	
Email address:		
2. Relevant Experience		
Education:		

Work Experience:				
	_			
Volunte	er Experience	:		
Skills In	nterests Hohl	nies:		
Have you	volunteered wi	ith this or anothe	er Toronto Public Lib	rary program in the past?
□ No				
□ Yes	If yes, which	n program?		
3. Locat	tion and Avai	ilability		
Availabl	e Volunteer L	ocations (selec	ct all that apply):	
Voluntee	r opportunities	are only availab		luring Office Hours. For ing/adult-literacy
☐ Albion	(Albion & Kiplin	g)	☐ Malvern (Shep	ppard & Neilson)
☐ Barbara Frum (Bathurst & Lawrence)		□ Maria A. Shch	☐ Maria A. Shchuka (Eglinton & Dufferin)	
□ Don Mills (Don Mills & Lawrence)		□ North York Ce	□ North York Central (Yonge & Sheppard)	
□ Downs	sview (Keele & W	/ilson)	☐ S.Walter Stew	art (O'Connor & Coxwell)
☐ Fairvie	w (Don Mills & S	Sheppard)	☐ York Woods (F	Finch & Jane)
Please i	ndicate the ti	mes you are av	ailable to volunte	eer:
☐ Mornii	ngs	☐ Afternoons	□ Evenin	gs

4. References

Professional Reference:

A professional reference can be any individual who is/was in a supervisory capacity to you (academic, volunteer or work).

Name:	
Organization Name:	
Primary Phone:	Secondary Phone:
Email:	
Relationship to you:	
How long have you known this person?: _	
Personal Reference:	
A personal reference can be a friend or co	p-worker.
Name:	
Organization Name:	
Primary Phone:	Secondary Phone:
Email:	
Relationship to you:	
How long have you known this person?: _	
Reference Check Release:	
I, (applicant name)	, hereby authorize Toronto Public
Library to solicit a reference from (profess	sional reference name)
and (personal reference name)	in connection with my
	nd to investigate any statements made herein, I all others for liability in connection with the

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.
Signature: Date:
5. Signature I hereby 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:
Thank you! We will hold your application for 12 months.
Only those selected for an interview will be contacted. We appreciate your interest in volunteering with the Toronto Public Library.

Personal information on this form is collected under the authority of the Public Libraries Act, sections 20(a) and (d), and will be used only for the proper administration of volunteer services at Toronto Public Library. Questions about the management of your personal information can be directed to the Privacy & Records Management Officer, Toronto Public Library, 789 Yonge Street, Toronto, ON, M4W 2G8, 416-395-5658. Questions related to the status of your volunteer application can be directed to the Senior Department Head, Adult Literacy Services, Toronto Public Library, 5120 Yonge Street, Toronto, ON, M2N 5N9, 416-395-5552.