



Volunteer Application Form

NAME: _____ **PRONOUNS:** _____

PHONE: _____ **EMAIL:** _____

STREET ADDRESS: _____

LANGUAGE(S) SPOKEN & UNDERSTOOD: _____

CERTIFICATIONS (E.G. FIRST AID): _____

REFERENCE(S): _____

REASON FOR VOLUNTEERING: _____

PREFERRED VOLUNTEER DUTIES:

- Front Line Crew (staffing the library) --- regular shifts / on call
- Tool Wrangler (collecting, cleaning, repairing tools) --- have vehicle to collect tools
- Outreach Team --- Fundraising & Events / Communication & Social Media
- Other [specify] _____

HOURS AND DAYS AVAILABLE FOR VOLUNTEER SHIFTS

Please check boxes or write adjusted hours available. If easier, describe below.

	MON	TUE	WED	THUR	FRI	SAT	SUN
9-NOON							
NOON-3							
3-6 PM							
6-9 PM							

Or: _____

By signing below you understand and agree:

- ◆ To uphold the Victoria Tool Library's vision and values
- ◆ To adhere to the Victoria Tool Library Safe(r) Spaces guidelines
- ◆ To be a member of the Victoria Tool Library in good standing
- ◆ To attend training sessions as required
- ◆ To be available as a volunteer for one to two shifts per month for at least three months

SIGNATURE: _____ DATE: _____

ANYTHING ELSE WE NEED TO KNOW? _____

