

Community Library of the Shenago Valley Volunteer Application

Please complete this form in its entirety.

Date: _____

Name: _____

Street Address: _____

City: _____ **Zip Code:** _____

Phone: _____ (Home) _____ (Wk/Cell)

E-Mail Address: _____

Age: 14-17 18-+

Emergency Contact:

Name: _____

Address: _____

Phone: _____ Relationship: _____

Have you volunteered at a library before? Yes No

If Yes, which library? _____

Do you have any special skills or interests?

Do you have any physical limitations that might restrict your activity?

Briefly list your work experience, both paid and volunteer:

Check any of the categories that interest you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Shelving and shelf reading | <input type="checkbox"/> Working with the public | <input type="checkbox"/> Circulation |
| <input type="checkbox"/> Mending books | <input type="checkbox"/> Programming | <input type="checkbox"/> Special projects |
| <input type="checkbox"/> Processing books | <input type="checkbox"/> Fundraising assistance | <input type="checkbox"/> Book Buddy for homebound |
| <input type="checkbox"/> Clerical jobs | <input type="checkbox"/> Children's Library | |

What days are you available to work? Check all boxes that apply

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Have you been convicted of a felony or a misdemeanor other than a minor traffic violation?

(Conviction of a crime is not necessarily a bar to volunteering. All cases will be reviewed individually.)

Yes No

If yes, please explain:

Are you volunteering as a Community Service requirement? Yes No

If Yes:

Number of hours to fulfill: _____

To be completed by: _____

Court: _____

Organization/Institution: _____

Please provide a reference that we may contact on your behalf:

Name: _____

Address: _____

Phone: _____ Relationship: _____

Volunteer Agreement

My signature authorizes the Community Library of the Shenango Valley to verify any of the information on this application and to secure information from personal references. I understand that as a volunteer I am not entitled to monetary compensation for the work that I perform or be entitled to worker's compensation or group benefits in the event of injury. The Community Library of the Shenango Valley Volunteer Program reserves the right to evaluate volunteers sometime after placement and the right to terminate the volunteer's services should responsibilities not be fulfilled satisfactorily.

Volunteer Signature

Date

Office Use Only

Application reviewed by: _____		Date: _____
Start Date: _____	Department: _____	

CONFIDENTIALITY OF LIBRARY RECORDS AGREEMENT

It is the policy of the Community Library of the Shenango Valley, as approved and adopted by the Board of Directors in June of 2007, to regard as confidential any information about confidential library business and patron information.

The Library will disclose NO information regarding:

1. A patron's name (or whether an individual is a registered borrower or has been a patron)
2. A patron's or employee's address
3. A patron's or employee's telephone number or email address
4. The Library's circulation records and their contents
5. A patron's or employee's borrower record and its content
6. Information about the termination of an employee

Only the Director may acknowledge dates of employment, position, and salary and wage information regarding employees for the purposes of credit checks, etc.

Only the Director is authorized to answer requests for personal references and patron records in response to a court order.

All Library employees and those volunteers who work in its behalf are hereby instructed to comply with these guidelines.

I attest that I have read and understood this policy and will abide by it.

Name: _____

Signature: _____

Date: _____