

## **Volunteer Policy**

Approved: December 19<sup>th</sup>, 2022

Effective: December 19<sup>th</sup>, 2022

Revisions: N/A

Review: October 28, 2024

Any interested party may submit a volunteer application at the Amery Area Public Library; however, volunteers will be accepted only with the consent of the library director. Applicants may not be under the age of 13, and those under the age of 18 must have consent from a parent/legal guardian prior to acceptance. An emergency contact must be provided on the application, and the release of information authorization must be signed, thereby consenting to a background check. Neither the City of Amery nor the Amery Area Public Library accepts any liability for the health and safety of volunteers for actions which are of the volunteers own doing.

Accepted volunteers must adhere to the following guidelines:

- Volunteers shall not be paid for their services
- Volunteers shall follow all enforced policies
- Volunteers shall perform duties as requested by library staff
- Volunteers shall not perform any tasks which would violate patron privacy
- Volunteers shall be respectful to all library patrons and staff

Volunteers will be dismissed by the library director if the above guidelines are not followed.



**Adult Volunteer Application Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

Apt/Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Date available for volunteer work \_\_\_\_\_

Are you interested in one-time/short-term volunteer assignments? (Circle one) YES NO

Are you interested in on-going volunteer assignments? (Circle one) YES NO

Please check areas that you would be interested in volunteering:

- Special Projects (cleaning books or various areas of the library)
- Cleaning DVDs
- Shelf reading (making sure books are in the correct order)
- Shelving (putting materials in their proper place in the collection)
- Programs (help with set-up, chairs, etc.)
- General assistance (make copies, prepare crafts, tidy up toys, straighten shelves, etc.)

Available to volunteer: \_\_\_\_\_ mornings \_\_\_\_\_ afternoons \_\_\_\_\_ weekends

Number of hours to volunteer: \_\_\_\_\_ hours per \_\_\_\_\_ week OR \_\_\_\_\_ -month

Comments and schedule conflicts:

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Any physical limitations we should know about? (Circle one) YES NO

If yes, please briefly explain:

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Have you ever been convicted of a crime (other than a minor traffic offense that resulted only in a fine)? (Circle one) YES NO

If yes, please state the crime(s) you were convicted of and explain the date, location, nature, and facts surrounding each conviction. Use an attachment sheet if necessary.

Training \_\_\_\_\_

Computer \_\_\_\_\_

Software applications \_\_\_\_\_

Office equipment \_\_\_\_\_

Additional information \_\_\_\_\_

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Education, vocational, technical, or military training information that is relevant to the position for which you are applying:

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#### Additional Skills

Examples of additional skills are diversity training, public speaking experience, completed computer training classes, special training in prior volunteer experience, etc.

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References —please list three people (not relatives) as references for the volunteer position for which you are applying:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_



I authorize the Amery Area Public Library to conduct a background check before hiring me as an employee or authorizing me as a volunteer working for the library. Please complete the following information and return this form with your employment or volunteer application.

PLEASE PRINT CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Female / Male Race: White / Black / American Indian / Hispanic / Asian or Pacific Islander

Driver's License Number: \_\_\_\_\_

Please list any other names you are known by:

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Amery Area Public Library

## Youth Volunteer Form

Policy states that volunteers must be 13 years of age or older.

Name: \_\_\_\_\_ Age & Grade: \_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address:

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Parent/Guardian Signature: \_\_\_\_\_

I would like to help with these tasks, but I understand that volunteer tasks aren't limited to the list below:

- Special Projects
- Cleaning library materials, shelves, or furniture
- Shelf reading (make sure books are in the correct order)
- Programs (help with set-up, chairs, etc.)
- General assistance (make copies, prepare crafts, tidy up toys, straighten shelves, etc.)

Place an X in the boxes for the days/times you ARE available to volunteer:

	<b>Monday s</b>	<b>Tuesdays</b>	<b>Wednesda ys</b>	<b>Thursda ys</b>	<b>Fridays</b>	<b>Saturday s</b>
<b>Mornings (9-11 am)</b>						
<b>Afternoon (12-4 pm)</b>						

<b>Evenings (5-7 pm)</b>						
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I would like to volunteer: \_\_\_\_\_ hours day/week (circle) (We recommend a *maximum* of 2 hours/day, 2 days/week)

Comments and schedule conflicts:

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\*All volunteer times MUST be scheduled ahead of time. \*

Parents and guardians MUST sign this form in order for students to be allowed to volunteer.

If you have any questions, please feel free to call the library at 715-268-9340.

Please list two people to be notified in the event of an emergency.

Name: ----- \_\_\_\_\_ Phone: \_\_\_\_\_  
- \_\_\_\_\_

Relationship to You: - \_\_\_\_\_

Name: ----- \_\_\_\_\_ Phone: \_\_\_\_\_  
- \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Disclaimer: The Amery Area Public Library recognizes and appreciates the hard work and unique talents the volunteers of the community offer the Library throughout the year. All work performed by volunteers is done without compensation and at the risk of the volunteer. The Library does not carry insurance to protect the volunteer in the case of accidental injury. By signing and submitting this form, you acknowledge and accept this disclaimer.

Parent/Guardian Signature: - \_\_\_\_\_

Parent/Guardian Printed: \_\_\_\_\_

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**STAFF USE ONLY**

Volunteer Contacted -- \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
- \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteer's Preference:    Short-Term Opportunity    Long-Term Opportunity

---Scheduled Date/Shifts

----- \_\_\_\_\_ - ----- \_\_\_\_\_  
\_\_\_\_\_

Notes

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Date Form Submitted: \_\_\_\_\_    Staff Initials - \_\_\_\_\_