

Volunteer Application

Volunteer Information

Date: _____

Name: _____
(Please print)

Birth date: _____

Phone number: _____ Email _____

Address: _____

City/Zip: _____

School: _____ Grade: _____

Emergency Contact Information

Name: _____

Phone: _____
(Work/Home)

Relationship: _____

References (Not related to you)

Name: _____ Phone: _____ Email: _____
(Please Print) (Work/Home?)

Name: _____ Phone: _____ Email: _____
(Please Print) (Work/Home?)

Volunteer Schedule

How many hours of volunteering do you need to complete, or would you wish to volunteer? _____

Please indicate the days and times you are available to volunteer (specify "summer" and/or "school year")

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Volunteer History

Have you had previous volunteer experience? **Yes** **No** If **“Yes”**, please complete the following:

Name of Organization: _____

Volunteer experiences: _____

We’d like to know...

Do you have any special skills or training? (Computer skills, child-care training, sign language, art classes, etc.) _____

Why do you want to volunteer at the Lester Public Library of Arpin? _____

In order to ensure your success as a volunteer, please list any special needs: _____

Fair Credit Reporting Act: Disclosure and Authorization Statement

To: All Applicants For Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

LESTER PUBLIC LIBRARY OF ARPIN POLICY MANUAL

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information. By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on my as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Signature

Date

Volunteer Agreement

The Library Agrees:

- To provide you, as a volunteer, with a safe work environment.
- To provide supervision and training by a member of the Library staff, who will answer your questions and provide feedback regarding your work.
- To recognize your contributions as a volunteer to the success of the Library.

As a Volunteer, I Agree:

- To arrive on time.
- To call ahead if I will be late or unable to work my scheduled time.
- To sign in when I arrive and sign out when leaving.
- To dress neatly and appropriately.
- To be courteous to all patrons.
- To follow the rules for proper behavior in the library, including adhering to all of the library's policies and procedures, which I will review upon beginning my position.
- To ASK questions if I am unsure about something. (We would rather help you make sure it is done right than have it done incorrectly.)

Confidentiality Statement:

I understand that in my capacity as a LPLA volunteer, I may come into contact with confidential information. I agree to review the Library's confidentiality statement and to protect this information and not to divulge it during or after my service as a volunteer has ended.

Teen Volunteers

As a parent, I Agree:

- To encourage my teenager to strive for good work habits and attendance.
- To make sure my teenager arrives on time and is picked up at the end of his/her work shift.
- To emphasize the importance of my teenager's volunteer responsibility.

Medical Emergencies Involving Minors:

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, the Lester Public Library of Arpin is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian. In addition, I will not hold the Town of Arpin or the Library, its Board or employees, responsible for any possibly injury incurred during volunteer service.

LESTER PUBLIC LIBRARY OF ARPIN POLICY MANUAL

Volunteer's Name (Please Print)

Date

Volunteer's Signature

Date

Parent's Name (Please Print)

Date

Parent's Signature

Date

Director's Signature

Effective: June 8, 2011