

Germantown Public Library
Application for Volunteer Service

All volunteers must be 14 years of age or older

Name _____ Phone _____

Address _____

Email _____ School/ grade _____

Do you require special accommodations? If yes, what _____

Availability

Day Monday Tuesday Wednesday Thursday Friday Saturday

Time am pm

How many hours per week _____

Volunteer History

Do you have experience as a volunteer? No Yes (if yes, complete the following)

Organization _____

Tasks performed _____

Do you have any special skills or training? (computer skills, sign language, etc.) _____

References (not related to you)

Name _____ email _____ phone _____

Name _____ email _____ phone _____

Your signature _____ Date _____

Parent/ Guardian _____ Date _____

As an applicant to volunteer at the Germantown Public Library, I understand the following:

I voluntarily agree to submit to a criminal background check.

I understand that nothing in the application or conveyed to me at the informational meeting/training session is intended to create an employment contract, explicit or implied, between the Germantown Public Library (hereinafter, the Library) and me.

Submitting an application does not guarantee a placement or engagement as a library volunteer. Once accepted as a volunteer, an assignment can end at any time, for any reason at the discretion of the Administration.

Applicants are considered based on individual merit without regard to race, color, religion, gender, national origin, marital status, non-job-related medical condition or disability.

I authorize the Library to investigate my references, work records, library records, education and other matters related to my suitability for a volunteer position, and further authorize my current and former employers to disclose to the Library any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. Additionally, I release the Library, my current and former employers, and all other persons, corporations, partnership association from any and all claims, demands or liabilities related in any way to such investigation or disclosure.

I have not knowingly withheld any information that might adversely affect my chances for volunteering and the answers given by me are true and correct to the best of my knowledge. I have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure a volunteer position shall be grounds for rejection of this application.

I grant the Library full permission to use my name, any phonographs, videos, motion pictures, or recordings obtained through the volunteer program for any publicity and promotional purposes without obligation or liability to me. I acknowledge that there is no salary or other compensation for my services as a volunteer.

I understand that the Germantown Public Library shall not be responsible for the loss or damage of personal property and possessions of the volunteer.

I agree to abide by and comply with the policies, safety and health rules and regulations and the rules of conduct of the Germantown Public Library. I understand that my failure to do so may result in dismissal from the volunteer program.

Your signature _____ Date _____

Parent/ Guardian (if under 18) _____ Date _____

Teen 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 our contributions as a Library volunteer

As a Volunteer, you agree:

- To follow all Library policies and procedures
- To arrive on time and clock in and check your duty assignment
- To contact the Library administration as soon as possible if unable to report for your shift
- To dress in accordance with the Library dress code
- To notify Library administration in a timely manner your intent to cease volunteering

As a Parent or Guardian, you agree:

- To encourage our teen to strive for good work habits and attendance
- To make sure your teen has the appropriate transportation to/from the Library for scheduled shifts
- To emphasize the importance of your teen's volunteer commitments

Medical Emergencies Involving Minors

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, Germantown Public Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

Media Consent

I give my consent to the Germantown Public Library to use interviews, photographs or video of my minor child for the purposes of education, communications and promotion of the Library. I release the Library from any expectation of confidentiality for my child.

Your signature _____ Date _____

Parent/ Guardian _____ Date _____