

VOLUNTEER INFORMATION FORM

Name: _____ DL#: _____ SS# _____

Date of birth: _____

Address: _____

Phone#: _____ Email: _____

Emergency name and phone#: _____

Have you ever worked/volunteered in a library? Yes or No

If yes, list your duties? _____

Please check by activities you would like to do:

Grace garden or flower beds by Library

Adult programs

Kid programs (art, story time, tutoring or junior master garden)

Work with summer reading program and activities

ESL classes

Help with events, (Gala or Chili cook off)

Clean book shelves, DVD's or CD's

How often would you like to volunteer? Weekly Monthly As needed

Please write down your preferred days and/or hours: _____

Do you have any health/physical restriction? No or Yes

If Yes pleased describe: _____

References

Name: _____ Address: _____

Name: _____ Address: _____

Signature: _____ Date: _____

VOLUNTEER AGREEMENT AND CONFIDENTIALITY STATEMENT

I, _____ agree to serve as a volunteer for the Round Top Family Library.

Please initial:

I will follow directions of the Library Director or Staff in charge

I will follow the Code of Ethic per Library policy

I will report any patron concern or problem to Library Director/Staff in charge at the time of incident.
I will not deal with the problem myself.

As a volunteer, I agree to do the following:

- Complete assignments to the best of my ability
- Maintain confidentiality of information
- Dress appropriately
- Call Library if I am unable to arrive at the assigned time
- Observe all staff rules and policies
- Maintain a time record of hours that I volunteer

The Library agrees to provide the following:

- Adequate work space and supplies
- Supervision of my work
- Evaluation of my performance on a regular basis
- Training in Library procedures and policies
- Time sheets for recording hours
- Record of my volunteer time which is available upon request for up to 5 years

Background check required. Please initial if ok to do so _____

Signature: _____ Date: _____