



Upshur County Library Volunteer Application

Thank you for your interest in the Upshur County Library. We are in need of volunteers to maintain a high quality of service to our community. Please fill out the application below and return it to Upshur County Library.

PERSONAL INFORMATION (Please Print)

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Tell us something about yourself and why you are interested in volunteering? _____

What previous relevant experience do you have? _____

What skills or hobbies do you have to bring to a volunteer position? _____

In which language(s) do you consider yourself fluent? _____

EDUCATION

High School: _____ City: _____ State: _____ Diploma GED

College/Current School attending (if any): _____ City: _____ State: _____

VOLUNTEER INFORMATION

Have you ever volunteered before? Yes No If yes, where? _____

Brief description of duties: _____

How did you hear about the Library's volunteer program? _____

Please note the skills, abilities, or interests below that are applicable to you:

- Previous library work
- Knowledge of audio-visual equipment
- Data processing/computer work
- Storytelling
- Typing/word processing
- Arts and crafts ability
- Knowledge of foreign language
- Knowledge of/work with historical material
- Other: _____

SCHEDULE

How often are you available to volunteer?

- Once a week
- Twice a week
- Daily
- Other

What hours/days of the week are you available to volunteer?

Monday _____ hours _____ Tuesday _____ hours _____ Wednesday _____ hours _____

Thursday _____ hours _____ Friday _____ hours _____ Saturday _____ hours _____

BACKGROUND INFORMATION

Within the past 10 years, have you been convicted of a felony or misdemeanor other than minor traffic violations?

Yes No If yes, please list: _____

PERSONAL REFERENCES

Please list two non-family members whom we may contact and who would be able to tell us about you.

Name: _____

Name: _____

Address: _____

Address: _____

Phone : _____

Phone : _____

Relationship to you: _____

Relationship to you: _____

EMERGENCY CONTACT INFORMATION

Person(s) to contact in case of emergency.

Name: _____

Name: _____

Address: _____

Address: _____

Phone : _____

Phone : _____

Relationship to you: _____

Relationship to you: _____

VOLUNTEER RELEASE STATEMENT

I hereby certify that the above information on this application is true, accurate, and complete to the best of my knowledge and hereby give permission to Upshur County to verify my references. I agree and understand that if I am accepted as an Upshur County Library Volunteer, any false statement may result in my dismissal from the program. I agree and acknowledge that I may come into contact with confidential information and that I am to protect this information as a volunteer and not to divulge it during or after my service as a volunteer has ended. I also agree to grant full permission to Upshur County Library to use my name and any photographs, video, motion picture or recordings for any publicity and promotion purposes without obligation or liability to me. I further understand that this is a volunteer position for which no payment for services that I provide to the Upshur County Library will be paid to me.

Signature

Date

**ALL INFORMATION ON THIS APPLICATION WILL REMAIN CONFIDENTIAL.
EQUAL OPPORTUNITY EMPLOYER**

DEFINITIONS AND GUIDELINES OF AN UPSHUR COUNTY LIBRARY VOLUNTEER

Upon completing an Upshur County Library Volunteer Application, please read and sign, that you have understood and agree to the Definitions and Guidelines of an Upshur County Library Volunteer.

Definition of a Volunteer: A volunteer shall be considered as any individual, 14 years of age or older, who contributes time, energy and talents directly to or on behalf of the Upshur County Library and is not paid by Upshur County Library Funds. The Upshur County Library shall use the services of volunteers to supplement the efforts of paid library staff in meeting demands for quality public service. Volunteers aid the library in making the best use of its fiscal resources and contribute to sound working relationships with community groups and organizations. Volunteers are liaisons to the community and by their contribution are advocates for quality library service. The library and its volunteers work together to meet the goals and mission of the Upshur County Library. All volunteers must be accepted by the library prior to performance of assigned tasks. Volunteers are expected to perform their assigned duties to the best of their abilities and to be loyal to the mission, values, goals and policies of the library. All volunteers should keep their supervisor informed of their projects and work status, and of their comings and goings in the library.

Task that may be performed by volunteers:

Shelve books and other materials	Dust books and shelves
Shelf read	Clean materials
Help with programs and projects	Process new materials
Customer Service	Clerical tasks

Guidelines for Volunteers:

1. Volunteers should notify their supervisor as soon as possible if they know they will be late or absent.
2. Volunteers must sign in and out of the volunteer notebook.
3. Volunteers should always wear their name badges while working in the library.
4. Volunteers are ambassadors for the library and need to present a positive image to the public. It is expected that each volunteer's dress and grooming will be appropriate for a business environment and in keeping with his or her work assignment. If a volunteer is dressed in an inappropriate manner, they may not be able to work their shift.
5. Volunteers should maintain a professional, friendly demeanor at all times and are asked to direct all question to a staff member. Staff members are trained to deal with questions about the library's collection, services, policies and procedures.
6. Volunteers are responsible for updating personal data, such as change of address or telephone number, etc.
7. Volunteers will be familiar with and agree to abide by the library's confidentiality policy, as well as other rules and policies.
8. Volunteers agree that the library may at any time, for whatever reason, decide to terminate the volunteer's relationship with the library, or make changes in the nature of their volunteer assignment.
9. Library owned equipment and supplies are for library use only and may not be used for personal business.
10. Volunteers are asked to be alert at all times to safety hazards and to report unsafe acts or conditions to their supervisor. Volunteers should also notify their supervisors of any assignment which causes physical discomfort or which could lead to personal injury. All injuries, whether minor or serious, must be reported directly to your supervisor.
11. Volunteers that fail to meet the requirements of the job descriptions, violate library policies, or violate city, local, state or federal law while working at the library, are subject to dismissal.
12. To end a volunteer commitment, please notify your supervisor of that decision and the effective date.
13. Use of alcohol or illegal drugs in the workplace is prohibited, as is the abuse of any drug or alcohol, or reporting for duty under the influence of drugs or alcohol.
14. The supervisor may meet with the volunteer regularly to review job performance. Evaluations may be formal and may be written or verbal.

Print Name

Signature

Date

UPSHUR COUNTY LIBRARY

Volunteer Liability Waiver

I, (please print name) _____ (volunteer) shall indemnify, defend, release and hold harmless Upshur County from and against any and all claims of bodily injury or death, damage to property, demand, damages, actions, causes of action, suits, losses, judgements, obligations and any liabilities, costs and expenses, which arise or are in any way connected with the work performed or services provided under this agreement. I understand the nature of the work to be performed and accept full responsibility of risks associated with the work to be performed. Further, I agree to reimburse the County for any losses arising out of any wrongful conduct while participating in the volunteer program.

Signature of Participant: _____ Date: _____

MUST BE AT LEAST 14 YEARS OF AGE TO PARTICIPATE

If Participant is under age 18, parent/legal guardian must sign below.

PARENTAL PERMISSION:

My son/daughter/ward _____ has my permission to participate in the volunteer program at the Upshur County Library.

I am aware of my child's schedule, possible volunteer job duties, and expected rules of behavior and am in accordance with them.

Signature of Parent/Guardian: _____ Date: _____