



EATON PUBLIC LIBRARY

## VOLUNTEER APPLICATION

### INFORMATION

Name:

\_\_\_\_\_

First

Middle

Last

Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

Zip Code

Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email address: \_\_\_\_\_

### MY SKILLS

I am interested in or have skills in:  Writing or Reading Books  Technology (3D printing, coding, etc. ) Tell us which technologies you enjoy \_\_\_\_\_

\_\_\_\_\_

Assisting and Planning Events Other ways you feel you could assist The Library \_\_\_\_\_

\_\_\_\_\_

### MY AVAILABILITY

Our Library Assistant volunteer position requires a regular, ongoing commitment for a minimum of three months. Are you able to make this commitment? \_\_\_\_\_

The library relies on our volunteers to commit to a set schedule.

The day I would prefer to volunteer each week: \_\_\_\_\_

The time that works best for me: \_\_\_\_\_

How many hours do I want to volunteer each week: \_\_\_\_\_

I am required to complete volunteer service hours: \_\_\_\_\_

Organization that assigned me service hours: \_\_\_\_\_

I need to complete this many hours: \_\_\_\_\_ by this date: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

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First	Last	Relationship	Phone Number
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First	Last	Relationship	Phone Number
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### THE 'RULES'

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First	Last	Relationship	Phone Number
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As a volunteer at Eaton Public Library, I agree to arrive on time, sign-in and notify a staff member. If I am unable to do this, I will email the Volunteer Coordinator, giving 24 hours' notice when possible. I will remain on task until my shift is over and will notify a staff member before taking breaks or leaving for the day. I will be courteous, respectful, and set a positive example for patrons and encourage library usage and a love of reading. I will keep my phone in my pocket on vibrate and will not use it unless it is an emergency. I will use my phone only with the permission of a staff member. I will not text, listen to music, play on the computer or video game system unless given special permission. I will wear a volunteer nametag when I am working. I will wear appropriate attire to the library (no bathing suits, no clothing with offensive or threatening messages, etc.). I will keep socializing to a minimum. Visitors, relatives and friends are welcome to use the library but may not assist in my volunteer duties.

I understand that the use of drugs, alcohol, weapons, or any form of theft, violence, or bullying are a violation of Eaton Public Library's Code of Conduct and are grounds for immediate termination and/or prosecution.

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<b>Volunteer Signature</b>	<b>Date</b>
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### ACKNOWLEDGEMENT and RELEASE

If accepted as a volunteer, I understand I will be provided with orientation and training necessary for the safe and responsible performance of duties and will be expected to meet all the requirements of the position, including regular attendance and adherence to Eaton Public Library policies and procedures. I understand that I will not receive monetary compensation for the services contributed.

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<b>Volunteer Signature</b>	<b>Date</b>
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I grant to the Eaton Public Library (The Library), its representatives and employees the right to take photographs of me and my property while volunteering at The Library. I authorize the Eaton Public Library, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree The Library may use such photographs of me with or without my name and for any lawful purpose including, for example, such purposes as publicity, illustration, advertising, and Web content.

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<b>Volunteer Signature</b>	<b>Date</b>
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I acknowledge that the Town is authorized to make any investigation regarding employment, volunteer or other history of any volunteer applicant. In the event that I am placed as a volunteer with the Town, I agree to comply with all of its rules and regulations including without limitation any rules specific to the program for which they volunteer. I understand that each volunteer is covered by an Accident Medical Insurance Policy (VAMP) with a limit of \$50,000 per incident and accept this as the limit of Town while I perform as a volunteer with the Town. I understand that no volunteer in the Volunteer Program is insured by Workers' Compensation insurance. I acknowledge that there are dangers and risks associated with participation in the Volunteer Program and assume such dangers and risks, and any related injury, damage or loss. In the event of an emergency, I authorize the Town to secure medical treatment for me if I am unable to do so and agree to be

responsible for payment of any medical services rendered. To the extent permitted by law, I hereby release and agree to indemnify the Town, its officers, employees, and agents and any landowner upon whose property any claims of personal injury and property damage arising from participation in the Volunteer Program. I certify that all statements on this application are true and complete and that I have read and understand this Acknowledgement and Release. I understand that false statements on this application shall be considered sufficient reason for termination of volunteer placement. All information is confidential.

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**Volunteer Signature**

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**Date**