

Policies of the Albion Municipal Library and Heritage Center
Section 2 – Library Interactions

Policy Section 2.4 – Volunteers

1. The library staff and board welcome and encourage individuals to volunteer and/or participate in the Friends of the Library Group
2. Library volunteers will be recruited by the library director, library staff, Board members and/or Friends of the Library
3. Volunteers will be supervised and trained to complete library tasks as needed and records of volunteer hours will be kept
4. Volunteer service will be recognized annually
5. All volunteers must fill out an application form – see example. Volunteers must be at least 14 years of age. Forms for persons under age 18 must also be signed by a parent/guardian. Hours worked by minors must comply with current Iowa Department of Labor laws.
6. The City of Albion carries General Liability Insurance which provides coverage to volunteers in the event of an injury while performing an assigned task
 - a. An assigned task is one set by the library director or trustees

Albion Municipal Library and Heritage Center

400 N Main St, Albion, Iowa 50005 ... 641-488-2266

Volunteer Application

- Potential volunteers must complete an application before starting any tasks
- All information will be kept confidential

PLEASE PRINT

PERSONAL INFORMATION:

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____

State _____ Zip code _____

Mailing Address if different from above: _____

Primary Phone: ____ - ____ - ____ Other Phone: ____ - ____ - ____

Email address: _____

- Volunteers must be a minimum of 14 years of age.
- If one is between 14-17 years, a parent/guardian's signature is also required.

Date Of Birth: ____/____/____

Driver's License # _____ from State of _____

Emergency Contact Information:

Name: _____

Primary Phone: _____

Secondary Phone: _____

Availability: I prefer the following days/times:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Saturday ____

Morning _____ Afternoons _____ Evenings _____

Please turn to back of page

Please indicate any volunteer opportunities you would be most interested in:

- Help return items to the shelves
 - Work in Heritage Room
 - Apply labels to new materials
 - Apply book jackets to new materials with paper covers
 - Assist with grant writing
 - Light housekeeping (dust, clean entryways etc.)
 - Decorate for seasonal changes or holidays
 - Clerical projects ... ie. prepare mass mailing
 - Clean/Repair damaged DVD's with our cleaning machine
 - Garden (watering, pruning plants)
 - Assist with scheduled programs (If you prefer an age level, please indicate here. _____)
 - Be a guest reader for our children's story time events
 - Put up/Take down messages on the Library Marquee
 - Perhaps you have an interest/hobby you would be willing to teach or share with others?
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- Perhaps you have other skills or background that may be helpful you want to inform us of.
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Volunteer Waiver:

I understand I will not be paid for my services as a volunteer. I understand the library is a smoke-free, drug-free environment and I will not participate if I'm under the influence of alcohol or illegal drugs. I'm aware that a criminal background check/history can be run from the information I have provided on the front of this form.

I hereby agree to fully release, indemnify, defend and hold harmless the City of Albion, the Albion Municipal Library and Heritage Center, and any of their trustees and employees from and against any and all liability, loss, damage expense or costs arising in any way out of my volunteer activities.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the Albion Municipal Library and Heritage Center will be held as strictly confidential.

Insurance

Albion Municipal Library & Heritage Center recognizes the risk of injury that can be a part of any activity. For that reason, the City of Albion carries *General Liability Insurance* for its departments (the library is one of its departments) which would provide coverage to a volunteer in the event of *injury while performing an assigned task*. (An *assigned task* is defined by the library director or trustee as part of an already established list of work.)

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, AND UNDERSTAND THAT CERTAIN LEGAL RIGHTS ARE OR MAY BE FORFEITED BY VOLUNTARILY SIGNING THIS AGREEMENT BELOW.

Signature: _____ Date: _____

(If under the age of 18) Parent/Guardian Signature: _____ Date: _____