



VESTAL PUBLIC LIBRARY

VOLUNTEER POLICY & APPLICATION

The Vestal Public Library Board of Trustees recognizes that volunteers are a valuable resource for the Library. Volunteer services aid the Library in making the best use of its fiscal resources and helps connect the Library to other community groups and organizations. Volunteers function as valuable advocates for the Library within the community and contribute to the library's overall mission. Volunteers however do not replace the need for qualified and professional staff. The Vestal Public Library, staff, and volunteers work together to create successful partnerships. A volunteer's passion and talents helps VPL meet its commitment to providing quality customer service to the public. Library staff will continually strive to recognize the contributions of Library volunteers and seek to expand the Library volunteer group as needed.

ELIGIBILITY

Vestal Public Library volunteers are coordinated by the Director, or designee, and must be at least 13 years of age. There are 3 categories of volunteers:

1. **Volunteers** seeking social and community engagement (ages 13 and up).
2. **School Required Public Service** - (i.e. participation in government students)
3. **Court Ordered Public Service**- applies to non-violent offenders only and appointment is at the discretion of the Library Director

ONBOARDING

All volunteers must be vetted through the VPL screening process:

- application form & waiver
- interview to determine interests and capabilities
- background check
- orientation
- specific job training
- a volunteer's talents, experience, availability and interests will be considered in job assignments.

EXPECTATIONS

- VPL Volunteers function as representatives of the Vestal Public Library and will be held to the same ethical, work, and behavior policies as employees. VPL Volunteers will be given a printed copy of this information and it will be presented and reviewed during new volunteer orientation. Violators of any VPL policy, procedure, or guideline will be dismissed.
- All Volunteers are accepted on an **"AS NEEDED"** & **"TEMPORARY BASIS"**, working as **"AT WILL"** volunteers and they will be deployed according to the needs of the library.



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- Volunteers are deployed according to the schedule set by the VPL Volunteer Coordinator and may only work when scheduled.
- All Volunteers must complete a VPL application, orientation and training before being cleared by the VPL Volunteer Coordinator for independent work.
- VPL Volunteers, with a VPL staff representative, must **SIGN-IN** at the beginning of every shift and **SIGN-OUT** at the end of every shift, to record their hours of service.
- All junior Volunteers (ages 13 - 18) performing service for specific programs are accepted on a temporary basis. Parents/guardians of junior volunteers must sign a consent form allowing their children to perform volunteer service hours at the Vestal Public Library.
- Volunteers working in the library are covered by the Vestal Public Library's Property and Liability Insurance policy.



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VESTAL PUBLIC LIBRARY - VOLUNTEER APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (HOME OR CELL): _____

E-mail address: _____

AGE (13-18 requires parent/guardian signature): _____

EDUCATION: (check one)

- High School College Technical/Trade School None

I am seeking this volunteer position to:

- Fulfill court-ordered Community Service
- Satisfy school/class/scholarship Community Service requirements
- Become a regular volunteer
- Other (explain):

Are you required to complete a specific number of hours?

NO _____ YES _____ (if YES # of hours) _____

Do you have a deadline?

No _____ Yes _____ (date) _____

AVAILABILITY:

Which days are you able to volunteer? Check all that apply:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day do you prefer?

- Morning Afternoon Evening



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Number of hours per week you are available to volunteer: _____

The area(s) in which I have experience and/or would like to volunteer my time:

- _____ - **Book Sales:** shelf maintenance, refilling product, answering questions
- _____ - **Cafe:** wiping tables (indoor/outdoor), making coffee, refilling hot water (other duties as assigned)
- _____ - **Garden:** weeding, watering plants, (other duties as assigned)
- _____ - **Outreach / Public Relations:** events, labeling, (other duties as assigned)
- _____ - **Programming:** set-up & tear-down, assisting program lead (other duties as assigned)
- _____ - **Sanitization:** cleaning, library materials, tables, and library surfaces
- _____ - **Shelf Maintenance:** Straightening Shelves & Shelf Reading
- _____ - **Special Projects:** (approved/assigned by the Director)
- _____ - **Stock Room:** sorting donations into appropriate categories

Please describe any particular goals or expectations that you have regarding volunteering for Vestal Public Library



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CRIMINAL BACKGROUND SCREENING CONSENT FORM

Vestal Public Library
320 Vestal Pkwy E.
Vestal, NY 13850
607-754-4243

As a present or prospective volunteer of the Vestal Public Library, I understand it is the Vestal Public Library's policy to secure criminal information as part of the screening process using the information provided below.

NAME:

LAST

FIRST

MIDDLE

ALL PREVIOUSLY USED NAMES:

STREET ADDRESS:

CITY, STATE, ZIP:

DATE OF BIRTH:



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I verify that the above information is accurate to the best of my knowledge. I give Vestal Public Library permission to inquire into my educational background, references, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to the Vestal Public Library.

I hold Vestal Public Library harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the about-named agency. I understand that the Vestal Public Library will use this information only as part of its verification of my volunteer application.

SIGNATURE:

DATE:

***PARENT'S SIGNATURE (*IF UNDER 18 YEARS OF AGE):**

DATE:

OFFICE USE ONLY:

Requesting Supervisor _____

Program _____

Approved () Denied () By _____

Date _____