

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

Policy Section 2.5 Volunteers

In keeping with the library’s purpose of serving the community, and in recognition of our status as a community-funded institution, the board welcomes and enthusiastically encourages individuals to interact through library volunteerism and also to participate in the Friends of the Library group.

Library volunteers will be recruited by the library director, library staff, board members and/or friends group, cooperatively, on either a one-time project or a long-term, scheduled basis. Volunteers will be supervised and trained, as needed, to do specific non-professional tasks (unless said volunteer has specific professional skills). Records of individual and total volunteer hours will be kept to assist the board in evaluation of library activities, and to assist the board in acknowledging individuals for their service. Volunteer service will be recognized annually.

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.

INSURANCE CARRIED

Albion Municipal Library & Heritage Center recognizes and appreciates the hard work and unique talents that volunteers offer throughout the year. The Library also 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.)

Policy Section 2.5 Volunteers

Interests and Skills ~

~ I am interested in the following volunteer opportunities ~

- Book Shelf Straightening / Adopt-a-Shelf
- Reshelving materials – using alphabetic principles
- Programming support ** Circle your preference: Adult - Intermed/Teen - Child
- Circulation Desk coverage – after training prerequisites
- Process new materials – adhering spine labels, etc.
- Grant writing/preparation
- Fundraising projects
- Seasonal decorating / event decorating
- Light Housekeeping (entryways, bathrooms, dusting)
- Website
- Disk Cleaning/Repair (cd and dvd)
- Any Others ** _____
- Other clerical projects
- Outdoor gardening & upkeep
- Heritage Room work

Availability ~

~ I am available the following days:

Mon. ___ Tues. ___ Wed. ___ Thur. ___ Fri. ___ Sat. ___

~ I prefer this time period:

Mornings ___ Afternoons ___ Evenings ___

Volunteer Waiver:

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

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person or involves overall agency business. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action.

THE UNDERSIGNED HAS READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTANDS THAT CERTAIN LEGAL RIGHTS ARE OR MAY BE FORFEITED BY VOLUNTARILY SIGNING THE AGREEMENT BELOW.

Signature: _____

Date: _____

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

Date: _____