

Hoboken Public Library Volunteer Application

Hoboken Public Library VOLUNTEER PROGRAM POLICY

Program Overview

The Hoboken Public Library Volunteer Program seeks to assist the Library staff in providing quality library service. Volunteers raise the visibility of the Library in the community by helping to create an awareness and understanding of the Library and its services. Volunteers perform varied duties as specified in individual job descriptions developed by Library supervisors.

Policy

- The Hoboken Public Library Volunteer Program is open to persons 16 years of age or older. Persons between the ages of 12 and 16 may volunteer for a limited time, such as 2 months for the summer and for only a specific number of hours per week, as required by their school or other organization and in accordance with state & local labor laws, subject to Library approval. Signed parental permission is required for all persons under 18 years of age.
- Anyone wishing to volunteer must fill out the Volunteer application and sign the Waiver Statement included in the application.
- Volunteers are ambassadors for the library and must 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, in the sole discretion of a supervisor or the Library Director, a volunteer is dressed in an inappropriate manner, they may not be permitted to work their shift.
- The Volunteer Coordinator is responsible for coordinating the program. This staff member will interview potential volunteers and provide a brief orientation about the Library and its Volunteer Program. Once a volunteer has been assigned to a particular work area, his/her training becomes the responsibility of that department's supervisor. Periodic evaluations will monitor the progress of both the volunteer and the Program.
- The Library attempts to place all those interested in volunteering, however, the Library is unable to guarantee placement in the Volunteer Program.
- To end a volunteer commitment, please notify the volunteer coordinator or department supervisor.
- The library does not provide any medical, health or worker's compensation benefits for any volunteer.
- The library uses volunteers to assist staff members in providing quality service and to encourage patrons to become familiar with the library. Volunteers do not replace the work of staff.
- Volunteer applicants ages 18 and older are subject to a background check, except in the case of a volunteer effort sponsored by a local community organization. Said organization must provide the Library with certificate of insurance naming the Hoboken Public Library as an additional insured with coverage of at least \$1,000,000.

The Library and its staff members appreciate that volunteers are giving their own time and effort to assist the Hoboken Public Library. The Volunteer Program operates under the auspices of the Hoboken Public Library Board of Trustees and the Library Director.

Volunteer Application

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Contact Information					
Name					
Street Address					
School (If applicable)					
City, State, ZIP Code					
Phone (Day)					
Phone (Evening)					
E-Mail Address					
Availability					
During which hours are you availa	able for volunteer assignments?				
-					
Morning	Afternoon Evening				
Monday	Tuesday Wednesday				
Thursday	Friday Saturday/Sunday				
Regularly each week forhour					
Work on a Special Project (ex. Book sale)					
(ex. book sale)					
•					
Interests					
Please indicate if you have a prefe	rence for the type of work or library department of interest. (While we will try to place				
	nterest, we may not always be able to accommodate your request.)				
volunteers based on your area of in	nerest, we may not arways so use to accommodate your request.)				
Special Skills /Qualifications/Pro	of a way and				
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.					
other activities, including hobbles	of sports.				

Previous Volunteer Experience				
Summarize your previous volunteer experience.				
0 11 1 1 1 1				
might affect your volunteer placen	cal exertion, standing or close visual work. Please list any physical limitations that			
	nent.			
REFERENCE				
REFERENCE				
NAME:	PHONE #:			
RELATIONSHIP:				
Person to Notify in Case of Eme	rgency			
Name				
Street Address				
City, ST, ZIP Code				
Home Phone				
Work Phone E-Mail Address				
E-IVIAII Address				
Agreement and Signature				

I hereby agree to not make any claim or demand or to institute, press or in any way aid any claim demand action or causes of action or legal proceeding of whatever nature against the Hoboken Public Library or Hoboken Public Library Board of Trustees for, on account of, or in any way growing out of any and all injury I may suffer while rendering volunteer services to the Library or resulting from my performance of volunteer services to the Library that are not caused by or the result of the negligence of the Library, Library staff or other city employee. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)		
Signature		
Date		

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:

SCHOOL:	GRADE:	
PARENT NAME (Please Print):		
ADDRESS:		
PHONE # (day)		
I give permission for my childPublic Library.		to serve as a volunteer for the Hoboken
Parent / Guardian's signature:		