

VOLUNTEER PROGRAM POLICY

The Lodi Memorial 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. Volunteer assistance helps to provide new services and expand present ones.

Volunteers supplement the Library staff and will not replace staff members.

The Lodi Memorial Library Volunteer Program is open to persons 18 years of age or older. Persons 12 to 18 may volunteer using the form provided by the children's librarian.

Anyone wishing to volunteer must sign the Waiver Statement included in the Volunteer Application. Volunteers must pass a background check before being allowed to volunteer at the library. After completing 5 hours of volunteer work, the volunteer may submit the bill from fingerprinting and it will be reimbursed within forty days.

Volunteers perform varied duties. The staff will provide a brief orientation about the Library. The volunteer will be supervised by the circulation staff.

The Library attempts to place all those interested in volunteering, however, the Library is unable to guarantee placement in the Volunteer Program.

As with paid employees, there are times when volunteers must be dismissed. Possible reasons for dismissal include undependability, absenteeism, inability to perform assigned tasks and assuming duties not assigned by the staff.

The Library and its staff members appreciate that volunteers are giving their own time and effort to assist the Lodi Memorial Library.

The Volunteer Program operates under the auspices of the Lodi Memorial Library Board of Trustees and the Library Director.

Borrowed from East Orange Public Library (2004)

Approved 11/18/15



VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Date of Birth: _____ School (If applicable): _____

Phone #: _____

Work or Volunteer Experience: _____

Special Interests/Hobbies:

Availability (Please circle all that apply):

Time: Morning Afternoon Evening

Days: Monday Tuesday Wednesday Thursday Friday Saturday

I would like to volunteer:

- Regularly each week for _____ hours.
- Seasonally - _____
- Work on special events

Library Interests:

Indicate which areas of library work interest you:

- Buildings and Grounds
- Creative (ex. Decorations, posters, fliers)
- Programming (Children's or Adult)
- Shelving/Shelf-Reading
- Other (please state): _____

Some Library work involves physical exertion, standing or close visual work. List any physical limitations that might affect your volunteer placement.



Reference:

Name: _____ Phone #: _____

Relationship: _____

Why are you interested in volunteering at the library?

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 Lodi Memorial Library or Lodi Memorial 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 staff or other city employee.

Signature: _____

THANK YOU FOR COMPLETING THIS FORM. THE LIBRARY AND ITS STAFF ARE PLEASED TO HAVE PEOPLE WILLING TO VOLUNTEER TO ASSIST THE LIBRARY ITS CUSTOMERS.

A staff member will be in touch regarding the application.