

Volunteer Policy

The Ventress Memorial Library Volunteer Program is designed to expand and enhance public service to the community. Volunteers generally provide support services to paid staff and work on special projects. Volunteers are expected to act in accordance with library policies and to reflect positive customer service attitudes to all library patrons.

Selection of Volunteers*

Volunteers are selected based on their qualifications in relation to the needs of the library at any given time, and based on their ability to commit to a consistent schedule of volunteer hours. A typical volunteer shift is two hours, but may be shorter or longer depending upon the assignment. Prospective volunteers over the age of 18 are requested to submit a Volunteer Application Form. Applicants in grades 6-12 should submit a Young Adult Application Form. Please submit all application materials to the Library Director.

***Please Note:** The library cannot accept "drop in" volunteers. Volunteering requires a consistent schedule, training, and preparation of assignment. **Appropriate dress is required when volunteering.**

Responsibilities and Training

The library depends on its volunteers for a wide variety of tasks. We ask that volunteers be reliable in their commitment to the library and notify the library in advance if they are unable to work their regularly scheduled shift. In turn, volunteers will be notified immediately on any given day when the library opens late or closes early for any reason.

In order that the library may keep an accurate record of volunteer hours, volunteers are required to sign in on the library's Volunteer Time Sheet each day.

Volunteers will receive specific training in their assigned duties. All reasonable care will be taken to ensure the safety of volunteers and to make sure the volunteer feels comfortable in their assignment.

CORI Requirement

In order to promote security for library patrons, prior to beginning as a volunteer, all applicants over the age of 18, except for those in the Senior Property Tax program, are required to undergo a Criminal Offender Records Information (CORI) check as a final step in the volunteer screening process. In order to complete this process, applicants must bring a driver's license or a passport to the library where they will be provided with a copy of the Ventress Memorial Library CORI Policy and a CORI acknowledgement form to fill out.

Ventress Memorial Library Volunteer Application

Volunteer Contact Information

Name: _____

Address: _____

Home Phone: _____

Work or Cell Phone: _____

E-Mail Address: _____

Best way to contact you? _____

Emergency Contact Information

Name: _____

Address: _____

Home Phone: _____

Work or Cell Phone: _____

Relationship to Applicant: _____

Availability

During which hours are you available for volunteer assignments? (Note: There is a minimum requirement of 2-hours per volunteer shift.)

_____ Monday Time: _____

_____ Tuesday Time: _____

_____ Wednesday Time: _____

_____ Thursday Time: _____

_____ Friday Time: _____

_____ Saturday Time: _____

Since the library relies on volunteers, once a schedule is agreed upon, volunteers are expected to notify the library if they are unable to work their scheduled shift.

Commitment of Hours

___ I would like to volunteer on an ongoing basis at ___ hours per week.

___ I would like to volunteer until _____ (date) at ___ hours per week.

___ I would like to volunteer for ___ hours to fulfill the Senior Property Tax Program requirement.

___ I would just like to volunteer occasionally when extra help is needed.

Sample Volunteer Tasks

Tell us in which areas you are interested in volunteering. We will try to match volunteers with their interests if volunteer projects are available in that area at the time.

___ Cleaning -- Dusting book stacks

___ Shelving -- Putting books and other collections away on the shelves

___ Shelf-reading -- Putting books in order, alphabetizing. Straightening the shelves

___ Sorting -- Sorting donations for the Friends of the Library book sales

___ Craft preparation -- Preparing paper crafts for children

___ Family Friends events -- Assisting at fundraising events

___ Outside work -- Weeding, raking, landscaping

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Other Information

Is there any other information you would like us to know about you?

About CORI

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read and understand the terms of the library's Volunteer Policy.

Name (printed): _____ Date: _____

Signature _____

When Do I Start?

Thank you for completing this application form and for your interest in volunteering with us. Once we verify your application, a volunteer coordinator will contact you regarding current opportunities available at the Ventress Memorial Library.

Please complete and return this application to:

Cyndee Marcoux, Ventress Memorial Library 15 Library Plaza Marshfield, MA
02050 cmarcoux@ocln.org



Michael A. Maresco
Town Administrator

Town of Marshfield

Board of Selectmen
870 Moraine Street
Marshfield, Massachusetts 02050
Tel: 781-834-5563 Fax: 781-834-5527

CONSENT TO RELEASE PERSONNEL AND OTHER RECORDS

DATE _____

I _____, Born at _____

On _____,

Having filed an application with the Town of Marshfield, I consent to having an investigation made as to my moral character, and reputation which may be received and reported to the appointing authority. I further agree to give the Town or its agent any further information which may be required in reference to my past record. I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish the Town or its agents any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit any of its agents or representatives to inspect and make copies of such documents, records or other information.

I hereby release, discharge, and exonerate the Town of Marshfield, its agents and representatives, and any person so furnishing information to the Town, from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Town of Marshfield. This authority shall continue until revoked or in writing by the undersigned.

Signature: _____

Address: _____



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-860-4640 | TTY: 617-860-4606 | FAX: 617-860-5973
 MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
 (Organization)
 to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
 (Organization)
 with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that _____
 (Organization)
 with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



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SUBJECT INFORMATION
 Please complete this section using the information of the person whose CORI you are requesting.
 The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____
 * Last Name: _____ Suffix (Jr., Sr., etc.): _____
 Former Last Name 1: _____
 Former Last Name 2: _____
 Former Last Name 3: _____
 Former Last Name 4: _____
 * Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____
 * Last SIX digits of Social Security Number: _____ -- _____ No Social Security Number
 Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____
 Driver's License or ID Number: _____ State of Issue: _____
 Father's Full Name: _____
 Mother's Full Name: _____
 _____ -- Current Address
 * Street Address: _____
 Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

