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
Prior to beginning as a volunteer, all applicants over the age of 18, 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, please bring a driver’s license or a passport to the library where you will be provided with a copy of the CORI Policy and a CORI form to fill out.

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 emarcoux@ocln.org
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 on behalf of the Town of Marshfield. This authority shall continue until revoked or in writing by the undersigned.

Signature: ____________________________

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

(Organization) is registered under the 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 DCIS. I hereby acknowledge and provide permission to (Organization) to submit a CORI check for my information to the DCIS. 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 (Organization) may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that (Organization) must first provide me 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
THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Addison Street, Suite 2000, Chelsea, MA 02150
MASS.GOV/DJIS

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: ____________________________

* Street Address: ____________________________ Current Address
Apartment # 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
Commonwealth of Massachusetts
Sex Offender Registry Board

M.G.L. c. 6, § 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4517, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and is not available to the public if the identified individual is a level 1 (low risk) offender or if the law has not yet been finally classified by the Board.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor’s name: ____________________________ Date of birth: ____________________________

Organization name: (If any) ____________________________ Telephone number: ( ) ____________________________

Address: ____________________________

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor’s signature: ____________________________ Date: ____________________________

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject’s LAST NAME: ____________________________

Subject’s FIRST NAME: ____________________________

Subject’s MIDDLE INITIAL: ____________________________

Date of birth or approximate age: ____________________________

Address (PRINT): ____________________________

Personal identifying characteristics:

Sex: __________ Race: __________ Height: __________ Weight: __________ Eye Color: __________ Hair Color: __________

Other information (e.g. license plate number, parents’ names, etc.):

If additional information is needed, please contact the Requestor at the telephone number above.

**********WARNING**********

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, § 1781 FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS ($1000.00) OR BOTH. IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS ($100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 27, § 4).

SORI Form 4 (REV 11)