

## **Limerick Public Library Volunteer Agreement**

Please sign below after you have read and understand all statements on this page.

- I understand that the library reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or the safety of library staff and patrons. Signing of this agreement does not guarantee a volunteer assignment.
- I understand that if I am unable to fulfill a scheduled time for any reason, I am to notify my library supervisor as soon as possible.
- I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by my supervisor.
- I will demonstrate professional behavior while volunteering and refer questions from the public to the Library Staff.
- I understand that volunteers, like paid members of the staff, need to present a positive image to the public. It is expected that volunteers dress and grooming will be appropriate for a business environment and in keeping with the work assignment.
- I understand and agree that Limerick Public Library is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.
- I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library. I also understand that by volunteering, I am not guaranteed any special consideration for any future permanent employment with the library, should I ever apply for a position.
- I understand that I am not allowed to use my cell phone or any other personal technology devices (i.e., iPods, iPhone to listen to music) while volunteering.
- I understand that I must maintain the confidentiality of all library and patron information. State of Maine statutes provide that in regards to public libraries information relating to the identity of a library patron relative to their use of books and other material at the library is confidential. (Chapter 4-A, 27 M.R.S. Section 121).

- I understand that I must refrain from expressing religious, political, social or other personal views to the public.
- I understand that I must disclose in advance medical, health, or physical limitations related to the volunteer job.
- I also agree photograph(s), audio, or video(s) of me may be used by the library for publicity purposes in newspaper/TV/radio ads, newsletters and on the library website. The library will identify me by first name only, and no other information will be released to the media or published in any internal publication without authorization from me.
- As a parent of a volunteer who is under the age of 18 years old, I understand that once the library closes in the evening, library staff will not be available and the volunteer must leave the building. I understand that the safety of my child is my responsibility and release the library of any liability for a child left unattended.

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I have read, understand and agree to the above release, authorization and agreement.

Date \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**For volunteers under 18 years old:**

Date \_\_\_\_\_

I \_\_\_\_\_ hereby acknowledge and give permission for my  
**(Print Name of Parent/Legal Guardian)**

son/daughter \_\_\_\_\_, to volunteer at the Limerick Public Library.  
**(Print Name of Youth Volunteer)**

Parent Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Print Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_