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# VOLUNTEER

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## **Volunteer Packet (Adult Edition)**

Thank you for your interest in volunteering at the Wilbraham Public Library!

This packet includes information about specific volunteer opportunities, as well as all the policies and forms as required by the Town of Wilbraham.

Please read the enclosed policies and complete -

- Volunteer Waiver
- Policy Acknowledgement
- CORI forms
- A copy of a government-issued photo ID

The above paperwork should be returned to the library. After the CORI check is completed, you will be contacted by the Assistant Director to arrange your orientation and schedule.

# Volunteer Positions

**Shelver** - After training, volunteers will be able to shelve materials in specific collection areas (adult fiction, teen books, etc.). This includes regularly neatening areas and making sure that materials are in order. This can be a physical task and include bending and lifting. One hour a week will be typical, and this is the most common assignment given to volunteers.

**Local History Assistant** - Volunteers work with the Assistant Director on projects pertaining to the library's historical collection. Activities may include scanning photographs and data entry.

**Craft Assistant/Children's Department projects** - Volunteers would assist the Children's Department in cutting out items or other craft preparation work for Storytimes. Volunteers would coordinate time with the Children's Librarian.

**Gardener** - Basic maintenance of the garden, including weeding and keeping the plants watered. Volunteers would coordinate with our volunteer Master Gardener the first time, and may be able to work independently thereafter.

**Program Assistant** - Helping out with programs needing more than a staff member present. Duties may include checking off the sign up list, handing out food, taking photographs, or crowd control. Volunteers will assist the Adult Services Librarian, the Teen Librarian, or the Children's Librarian.

**Town of Wilbraham**

**Volunteer Waiver, Release and Indemnification**

Name of Volunteer (please print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Activity: \_\_\_\_\_

Location of Volunteer Activity: \_\_\_\_\_

I, the undersigned volunteer, desire and agree to volunteer for the Town of Wilbraham ("Town") in the volunteer activity described above. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Town, and the Town will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. Assumption of Risk. I assume all risks of participating in this volunteer activity and assume full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that the Town is not responsible for conditions that I create myself or those created by other volunteers or participants;
4. Waiver and Release. I, understand and acknowledge that this waiver discharges the Town from any liability or claim that I may have against the Town with respect to bodily injury, personal injury, illness, death or property damage that may result from my participation in the volunteer activity. I hereby agree to release, hold harmless and indemnify the Town, its officers, employees, agents and volunteers, from and against any and all loss, damage, expense or cost (including attorneys fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of the Town or otherwise.
5. I certify that I have health insurance covering me from illness, injury or accident.

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(if volunteer is under age 18)

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date



**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: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
 MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .  
Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Wilbraham Public Library 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

Wilbraham Public Library

(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 Wilbraham Public Library

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Wilbraham Public Library may conduct  
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

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 Arlington Street, Suite 2200, Chelsea, MA 02150  
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MASS.GOV/CJIS



**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*

Town of Wilbraham, Massachusetts  
**ACKNOWLEDGEMENT FORM - REGULATORY POLICIES**

**PRINT NAME OF EMPLOYEE/VOLUNTEER**

**DATE**

**Conflict of Interest**

In accordance with Massachusetts General Laws, Chapter 303 of the Acts of 1975, I hereby attest that I have been furnished a copy of a Summary of the Conflict of Interest Law (MGL Chapter 268A) as amended by Chapter 20, Acts of 2009. I will forward a copy of the printed receipt from the State Ethics Commission Online Training Program, completed in my name, to the Wilbraham Town Clerk, 240 Springfield Street, Wilbraham, MA 01095.

**Drug Free Workplace Notice**

\_\_\_\_\_  
**Signature**

The Drug-Free Workplace Act of 1988 requires federal government contractors and grantees to take specific and affirmative steps to ensure a drug-free workplace. One of the Act's central provisions requires employers to prepare and distribute an anti-drug policy statement prohibiting any drug related activity in the workplace. The Town of Wilbraham's policy regarding drug use and the unlawful possession of controlled substances on Town property is as follows:

It is the intent and obligation of the Town to provide a drug-free, healthful, safe and secure work environment. Employees are expected and required to report to work on time, in appropriate condition for work and free from the influence of illegal drugs. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance on Town property or while conducting Town business off Town property is absolutely prohibited. Violation of this policy will result in disciplinary action, up to and including termination of employment, and may involve legal action. As mandated by the Drug-Free Workplace Act employees must, as a condition of employment, abide by the terms of the above policy and report any conviction under a criminal drug statute for violations on or off Town property while conducting Town business. A report of a conviction must be made within five (5) days after the conviction. The Town recognizes drug dependency as an illness and a major health problem. The Town also recognizes drug abuse as a potential health, safety and security problem. The Town will provide assistance to an employee having a dependency or use problem by referral to a rehabilitation agency. Employees are encouraged to use this assistance when needed.

\_\_\_\_\_  
**Signature**

**Fair Labor Standards Act/Safe Harbor Policy**

(Prohibition of improper deductions from the salaries of *exempt employees ONLY*)

I hereby acknowledge that I have been given a copy of the Town of Wilbraham's policy on the Fair Labor Standards Act Safe Harbor Policy which prohibits improper deductions from the salaries of exempt employees. I understand that I have the right to file a complaint alleging an improper salary deduction.

**Sexual Harassment Policy and Procedures**

\_\_\_\_\_  
**Signature**

I acknowledge receipt of the "Sexual Harassment Policy and Procedures" revised by the Board of Selectmen of the Town of Wilbraham on August 3, 2009, and I have read its contents.

\_\_\_\_\_  
**Signature**

**Protected Class Harassment Policy and Procedures**

I acknowledge receipt of the "Protected Class Harassment Policy and Procedures" adopted by the Board of Selectmen of the Town of Wilbraham on August 3, 2009, and I have read its contents.

\_\_\_\_\_  
**Signature**

**Communications Policy**

I acknowledge receipt of this *Communications Policy* from the Town, and that I have read it. I understand that all electronic communications and all information transmitted by, received from, or stored in these systems are

the property of the Town. I also understand that I have no expectation of privacy in connection with the use of the Town's electronic communications or with the transmission, receipt or storage of information in these systems. I acknowledge and consent to the Town monitoring my use of its electronic communications at any time, at its discretion. Such monitoring may include reviewing Internet websites visited, printing and reading all e-mail entering, leaving or stored in these systems, reviewing all documents created or downloaded as well as listening to voicemail in the ordinary course of business. I understand that all e-mail messages are subject to the Town's e-mail deletion and retention procedures.

\_\_\_\_\_  
Signature

**Family and Medical Leave Act**

I acknowledge receipt of the Family and Medical Leave Act policy revised by the Board of Selectmen of the Town of Wilbraham on April 27, 2009, and I have read its contents.

\_\_\_\_\_  
Signature

**Small Necessities Leave Act**

I acknowledge receipt of the Small Necessities Leave Act policy adopted by the Board of Selectmen on January 29, 2001, and I have read its contents.

\_\_\_\_\_  
Signature

**Smoke Free Work Place Policy**

I acknowledge receipt of the Smoke Free Work Place Policy revised by the Board of Selectmen on June 13, 2005, and I have read its contents.

\_\_\_\_\_  
Signature

**Whistleblower Protection Policy**

I acknowledge receipt of the Whistleblower Protection Policy adopted by the Board of Selectmen on February 23, 2004, and I have read its contents.

\_\_\_\_\_  
Signature

**Americans with Disabilities Act & MGL Ch 151B Sec. 4(16):**

I acknowledge receipt of the Policy Related to the Americans with Disabilities Act and Massachusetts General Laws Chapter 151B, Section 4(16), and I have read its contents.

\_\_\_\_\_  
Signature

**Domestic Violence Leave Policy**

I acknowledge receipt of the Domestic Violence Leave Policy approved by the Board of Selectmen on May 18, 2015 and have read its contents.

\_\_\_\_\_  
Signature

**Nepotism & Fraternalization Policy**

(subject to collective bargaining for IAFF Local 1847 employees)

I acknowledge receipt of the Nepotism and Fraternalization Policy approved by the Board of Selectmen on June 15, 2015 and have read its contents.

\_\_\_\_\_  
Signature

**Parental Leave Policy**

I acknowledge receipt of the Parental Leave Policy approved by the Board of Selectmen on October 5, 2015 and have read its contents.

\_\_\_\_\_  
Signature

Witness: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_