### **BLAISDELL MEMORIAL LIBRARY**

## **Volunteer Policy**

(Revised 9.18.18)

The Board of Trustees of the Blaisdell Memorial Library ("BML") supports the use of volunteers in the library as an adjunct to the need for fully staffing BML and as an outlet for Nottingham residents wishing to help the community. Volunteers support the staff. Volunteers do not replace appropriately trained and paid staff, nor do they compensate for inadequate staffing patterns, failure to fill vacant posts, or cutbacks in library funding. The range of responsibilities for volunteers is limited in scope and assigned hours.

Volunteers are covered by the town of Nottingham's insurance policies for all activities performed on behalf of BML. In accordance with insurance policies, volunteers must provide references and authorize reference checks so that BML may properly screen those wishing to volunteer at the library. Volunteers 18 and over will also have a background check. An application must be completed for all volunteer positions. The minimum age for volunteers is age 12. BML does not retain volunteers for court-imposed community service work.

The Library Director will interview potential volunteers and evaluate their capabilities for available positions, their level of commitment and their ability to work well with the staff and the public. All volunteers will work under supervision of paid staff and the authority of the Library Director.

Volunteers are expected to work in a cooperative and professional manner with staff members and the public, and must follow all library procedures. Failure to satisfactorily perform assigned tasks, demonstration of a lack of commitment, and/or inability to work in concert with the staff and the public are cause for termination. Volunteers shall have the right to end the relationship with the Library at any time, though appropriate notice is desired.

The Library Director and the Library Trustees will periodically evaluate the effectiveness of the volunteer program to ensure that the Library is receiving full benefit from it.							
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**	rolunteer policy, which I understand and agree to abid the Blaisdell Memorial Library.	le by					
Print Name	Signed						
Date							

# BLAISDELL MEMORIAL LIBRARY Volunteer Application Form

Name					
Address					
Phone					
Parent or Guardian (if student)					
Emergency Contact (name and phone no.):					
Please list two references (names and phone numbers):					
Volunteer Work Desired					
List any experience you've had that would be helpful for this job:					
Times you are available for volunteering:					
Background check completed (date)					

### **BLAISDELL MEMORIAL LIBRARY**

### **Volunteer Service Agreement**

This a	greement is between the Blaisdell Memorial Library and
	(name of volunteer) on this date
1.	Volunteer agrees to donate services to Blaisdell Memorial Library in the following capacity:
	(see attached sheet, if necessary)

- 2. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services.
- 3. Volunteer agrees to follow the supervision and direction of any employee to whom the volunteer has been assigned to and participate in any training required in order to perform the voluntary services.
- 4. Volunteer agrees that he/she will not be considered to be an employee of the charity, for any purposes other than tort claims and injury compensation, while performing the above desired voluntary services.
- 5. Volunteer further understands that if volunteer is responsible for injuries to third parties or damages to their property while acting outside the scope of assigned volunteer duties, that said volunteer may be held personally liable for any monetary damages a court may award to the injured party.
- 6. It is further understood and agreed to by volunteer that the services rendered to the Blaisdell Memorial Library shall apply only in the case of liability arising out of the ordinary negligence that occurs during the scope of the volunteer's services agreed to herein, and that in no way do any of these provisions apply for the benefit of volunteer, his/her heirs, executors or administrators in any action arising out of gross negligence, willful misconduct, or any other conduct on the part of said volunteer, which cause or may give rise to criminal liability.
- 7. Volunteer further agrees that volunteer will fully cooperate with the charity and its agents in any investigation, lawsuit, arbitration, or any other legal or quasilegal proceedings that arise from the matters covered by this agreement. Volunteer further agrees to notify the charity immediately of any incident that occurs or may occur within the knowledge of the volunteer, which gives rise to liability on the part of the volunteer of the charity.

8.	I understand that my volunteer assignment will begin on					
	end on; and that I will spend approximately					
	hours per prov	riding volunteer services	. I also understand that m	ny volunteer		
	assignment may be terminated at any time by either party to this agreement.					
9.		,				
	telephone number					
	•					
VOLL	JNTEER OR PARENT/GUA	RDIAN SIGNATURE	DATE			
VOLC	TARLIVI/GON	IKDIMI SIOIMI OKL	DAIL			
			<del></del>			
LIBRA	ARY SUPERVISOR SIGNA	TURE	DATE			
TO R	E COMPLETED AT END	OF VOLUNTEER'S S	ERVICE RV			
	UNTEER SUPERVISOR	or volunteen s s	ERVICE DI			
VOLI	UNTEER TIME DONATEI	D				
YEAR		DAYS:	<b>HOURS:</b>			
	ATURE OF VOLUNTEER	<b>:</b>				
TERN	MINATION DATE:					
TYPE	AND NAME OF SUPERV	ISOR:				
	ATURE OF SUPERVISOR	R:				
DATE	E SIGNED:					