

SOUTHERN TIER LIBRARY SYSTEM
STLS VOLUNTEER POLICY

APPLIES TO: STLS Trustees, Staff and Volunteers

REFERENCES: STLS Authority of the Board Policy

An STLS volunteer is anyone who, without compensation or expectation of compensation performs a task at the direction of and on behalf of STLS. Volunteers are viewed as a valuable resource to STLS, its staff, and its Board of Trustees. It is the policy of STLS to support the utilization of volunteers where practicable. Volunteers providing services to STLS must comply with the policies and procedures of STLS

Prior to being accepted as a volunteer, all volunteers will be interviewed by the appropriate STLS staff member to ascertain their suitability for and interest in opportunities available.

Volunteers are not authorized to make any statements or take any action which might significantly affect or obligate STLS, and are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves an individual staff member, volunteer, member library, or other person, or involves overall STLS business.

Adopted by STLS Board of Trustees March 19, 2013

Volunteer Parental/Guardian Consent Form

By signing below, I, _____ hereby attest to the following:

- 1) I am the legal guardian of _____, who is under eighteen years of age.

- 2) I give my consent for him/her to provide certain volunteer services to STLS at times mutually agreeable to STLS and the volunteer.

- 3) I verify that the volunteer has read and understands the types of duties he/she will be expected to perform.

- 4) I understand that volunteers are not entitled to any employee benefits, including Worker's Compensation.

- 5) I take full responsibility for any and all actions of the volunteer during his/her volunteer service to STLS.

Print Name: _____

Signature: _____

Date: _____

Volunteer Application

NAME (Last) (First) (Middle)

PRESENT ADDRESS: STREET CITY STATE ZIP CODE

DAYTIME PHONE: _____ EVENING PHONE: _____

ALTERNATE PHONE NO: _____ EMAIL ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY: NAME _____ PHONE _____

ARE YOU A STUDENT? : YES _____ NO _____ IF YES:

1. ARE YOUR VOLUNTEER ACTIVITIES PART OF A SCHOOL PROGRAM?
YES _____ NO _____

2. IF YOU ANSWERED "YES" TO QUESTION ONE, SCHOOL NAME:

DO YOUR VOLUNTEER HOURS NEED TO BE REPORTED TO ANY OTHER AGENCY OR ORGANIZATION?

I certify that all statements contained in this application are correct to the best of my knowledge. I also agree that if I am accepted as a volunteer, I will abide by all policies of the STLS.

Signature: _____ Date: _____

Office Use Only

Contacted by: _____ Date: _____