



TOPSHAM PUBLIC LIBRARY

a community center for all ages

Library Volunteer Application

Full Name: _____

Address: _____

Telephone: (home) _____ (cell) _____

E-mail Address: _____

Emergency Contact: _____ Phone _____

Volunteer Availability: Please write the day(s) and time(s)

Skills: Please list any skills, experiences, or previous volunteer services, which may be of benefit in volunteering at the library:

Restrictions: Is there anything that would prevent you from doing any of the volunteer activities? If so, please indicate how we might accommodate your needs:

Signature: _____ Date: _____

*By signing this document, I give permission for Topsham Public Library to use photos/stories taken during volunteer hours for public relations purposes. **Background checks are required for all volunteers.***



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Background Check Agreement

Have you ever been convicted of a crime? *Yes* *No*

If yes, please describe the nature of the crime and the year of conviction below. Conviction of some crimes is not an automatic disqualification of volunteer work, and this information will be kept strictly confidential.

Are you applying to volunteer in order to satisfy court-mandated community service? *Yes* *No*

Full Name (including any middle initial): _____

Date of birth: _____ How long have you lived in the state of Maine? _____

In connection with my application to engage in volunteer activities, I hereby consent and authorize the Topsham Public Library to obtain a background check.

Printed Name: _____

Signature: _____

Date: _____



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Liability Release

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Topsham Public Library, I hereby agree, for myself, my heirs, executors, and administrators to release, discharge, and hold harmless the Topsham Public Library and Board of Trustees, its employees, agents, and volunteers from all claims, demands, actions or any cause for suit arising from injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I understand that the Topsham Public Library does not provide medical coverage, Worker's Compensation benefits or other employee benefits for volunteers.

Printed Name: _____

Signature: _____

Date: _____



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Library Volunteer Agreement

Thank you for considering Topsham Public Library as a place to donate your time, knowledge, skills and abilities. Your good work serves the greater Topsham community by supplementing, enhancing, and supporting library staff in meeting the demand for quality public service.

Topsham Public Library's volunteer and paid staff perform different work, are evaluated on different criteria, and receive different benefits. Volunteers are not Topsham Public Library employees and do not receive salary, benefits, or other compensation.

The library agrees to provide you with

- Meaningful work assignments
- The same courtesy and respect accorded a staff member
- An orientation, training and supervision by a staff member or other trained volunteer; answers to your questions, and feedback regarding your work

As a volunteer, I agree to

- Perform duties as assigned to the best of my abilities
- Accept the guidance and decisions of staff
- Recognize the function of paid staff, maintain smooth working relationships with them, and stay within the scope of volunteer responsibilities
- Dress appropriately and wear a volunteer nametag
- Report on time, as scheduled, and sign in and out of the volunteer notebook
- Give notice as soon as possible if I must change or cannot keep my schedule, wish to be reassigned, or wish to end my volunteer service
- Respect and act courteously to all patrons and employees
- Refrain from expressing religious, political, social or other personal views to the public
- Maintain the confidentiality of all library and patron information, records and reference queries
- Identify medical, health, or physical limitations related to the volunteer job

I have read and understood the Topsham Public Library's volunteer manual (please check box)

Volunteer's Signature/Date

Volunteer Coordinator's Signature/Date