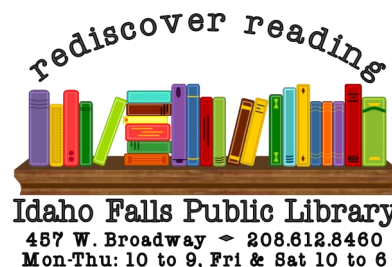


Summer Reading Volunteer Application



Please return to the Children's Desk

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Age: _____ Birthdate _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relation: _____

Phone: _____

Volunteer Roles

All Volunteers will undergo an interview, background check, and basic training. Depending on your area of interest you may need additional training.

*Must be 14 years old or older to volunteer.

- Summer Adventure Helper (Monday 10am-Noon)
- Summer Reading Prizes (Monday—Saturday 10am-9pm)
- Other Summer Programs (As Needed)



How many hours a week would you like to volunteer? _____

What days and times are you available? (Monday & Saturday -most needed)

Any days you know you will be unavailable because of work, vacation or prior commitments?

Maintaining the same shifts each week is strongly preferred.

CITY OF IDAHO FALLS, IDAHO VOLUNTEER RELEASE OF LIABILITY VOLUNTEER

I, _____, in consideration of the opportunity and permission to volunteer with the City of Idaho Falls, Idaho, to perform the assigned service and the beneficial experience to be gained, do hereby fully and completely release the City of Idaho Falls, Idaho, its officials and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I

acknowledge that the volunteer work I am performing may be physical in nature. I acknowledge that any photograph or videotape taken of me participating in this activity may be used for outreach, education or documentation purposes, without compensation, by the City of Idaho Falls, Idaho. By my signature below, I verify that I am 18 years of age or older. I also understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release and indemnify the City of Idaho Falls, Idaho, its officials and employees from all liability resulting from my participation in this program.

Signature of Applicant if over 18: _____ Date: _____

Signature of Parent/Legal Guardian if under 18: _____

Date: _____

Address: _____

City, State and zip code: _____ Phone: _____



Summer Reading Volunteer Guidelines

The following guidelines are to be followed while you are volunteering at the Idaho Falls Public Library. This ensures that everyone including staff, patrons and other volunteers have a positive experience while they are at the library. Please read this contract and sign at the bottom. Your signature is your agreement to follow this contract and dress code at all times while working as a volunteer.

1. I understand that I will only have three chances if I am given warnings about my attendance or dress code. The third warning will be the last and I will no longer be able to volunteer with the library. Having inappropriate conversations, using inappropriate language, or inappropriate behavior while volunteering will be grounds for immediate dismissal.
2. I will come in for my scheduled shifts. If I am not able to do so, I will **give at least a week's notice that I will miss my shift** when possible.
3. Non-volunteer friends and family are welcome to use that library on their own while I am volunteering, **but they are not allowed to hang out with me or accompany me during my shift.**
4. While I am volunteering, I understand that **I am a representative of the library.** I will be professional in both attire and in my attitude toward patrons, staff and other volunteers.
5. If a patron approaches me with a question that is not directly related to the volunteer duties that I have been assigned, I will direct them to the closest service desk so that library staff can help them.
6. I will wear the volunteer name badge at all times while working as volunteer, and will return it to its proper place at the end of every one of my shifts.
7. At the start and end of every shift, I will sign in and out. If I am dishonest on my time log, I understand that I will not be credited for those hours and may lose the opportunity to volunteer at the library.
8. I understand that as a volunteer, I am expected to dress in a manner that promotes **professionalism** and projects a **positive image** of the organization and the services provided. If I am found to be in violation of the dress code at the start of my shift, I understand that I will be asked to change before I can start my shift.

Volunteer Dress Code

All Volunteers are expected to adhere to the following dress code

1. Summer reading t-shirts will be provided for you and you will be expected to wear it for your shift.
2. Your summer reading shirt should be kept clean and free of stains and tears.
3. Pants, shorts and skirts must be clean and tear free. Shorts and skirts must be at least knee length. No leggings are allowed.
4. Only closed-toe shoes are permitted while volunteering.
5. Accessories and jewelry must be professional in appearance.

Printed Name: _____

Your Signature _____ Date: _____

Signature of Parent or Legal Guardian if under 18: _____ Date: _____

