



Volunteer Application

Volunteer Information

Emergency Contact

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Relationship: _____

Are you a:

Volunteer (age 17 or over)

Junior Volunteer (under the age of 17)

Availability for Volunteering:

Regularly Periodically One-time or short-term project

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

From: _____

To: _____

Reasons for Volunteering:

Employment History:

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Supervisor: _____ Supervisor: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Supervisor: _____ Supervisor: _____

Education or special skills: _____

What type of volunteering are you interested in: _____

At which B&ECPL location are you interested in volunteering:

- Central Library Crane Branch Dudley Branch
 East Clinton Branch East Delavan Branch
 Frank E. Merriweather, Jr. Branch Niagara Branch
 North Park Branch Riverside Branch
 Other _____

VOLUNTEER AGREEMENT - (age 17 or over)

I understand that I am a Volunteer for the Buffalo & Erie County Public Library. As a volunteer, I understand that I will not be compensated (financially, or in any other manner) for my volunteer time. I further understand that I am not an employee of the Buffalo & Erie County Public Library or any of its locations listed above and am not entitled to any benefits that are provided to employees of the B&ECPL. I further understand that should I apply for future job openings, the B&ECPL is under no obligation to hire me.

I understand that my volunteer service may be terminated at any time and for any reason by myself or library administration, with or without notice. As a B&ECPL volunteer, I will try and provide a minimum of 2 weeks' notice to the B&ECPL to end my volunteer service.

As a volunteer, I agree to follow all B&ECPL Patron Policies and Rules of Conduct. I understand my obligation of confidentiality and agree to maintain the confidentiality of patrons and staff. I understand I am not permitted to remove or make copies of any records, reports or documents from the B&ECPL.

As I volunteer, I understand that I am under no obligation to perform duties that I feel may be outside of the scope of my physical abilities or which I consider hazardous to my health or well being. The B&ECPL is not responsible for any injuries I may sustain while volunteering.

As a B&ECPL volunteer, I am considered a library advocate and supporter and I agree to perform my volunteer duties in a professional and credible manner and act in the best interests of the B&ECPL.

Signature: _____

Date: _____

JUNIOR VOLUNTEER AGREEMENT - (under the age of 17)

I understand that my minor child is a Junior Volunteer for the Buffalo & Erie County Public Library. As a volunteer, I understand that my minor child will not be compensated (financially, or in any other manner) for his/her volunteer time. I further understand that he/she is not an employee of the Buffalo & Erie County Public Library or any of its locations listed above and is not entitled to any benefits that are provided to employees of the B&ECPL. I further understand that should he/she apply for future job openings, the B&ECPL is under no obligation to hire him/her.

I understand that my minor child's volunteer service may be terminated at any time and for any reason by himself/herself or library administration, with or without notice. As a B&ECPL volunteer, he/she will try and provide a minimum of 2 weeks' notice to the B&ECPL to end his/her volunteer service.

As a volunteer, my minor child agrees to follow all B&ECPL Policies and Rules of Conduct. I understand his/her obligation of confidentiality and agree to maintain the confidentiality of patrons and staff. I understand he/she is not permitted to remove or make copies of any records, reports or documents from the B&ECPL.

As a volunteer, I understand that my minor child is under no obligation to perform duties that he/she feels may be outside of the scope of his/her physical abilities or which he/she considers hazardous to his/her health or well being. I understand the B&ECPL is not responsible for any injuries he/she may sustain while volunteering.

As a B&ECPL volunteer, my minor child is considered a library advocate and supporter and agrees to perform his/her volunteer duties in a professional and credible manner and act in the best interests of the B&ECPL.

Minor(s) Name(s), Date of Birth (DOB), and Age

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Legal Guardian's Signature: _____

Print Name: _____

Date: _____