



## Volunteer Application

### Volunteer Information

Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Are you a/an:

\_\_\_ Adult Volunteer (age 17 or over) \_\_\_ Volunteer (Under the age of 17)

### Availability for Volunteering:

\_\_\_ Regularly \_\_\_ Periodically \_\_\_ One-time or short-term project

When are you available to begin volunteering? \_\_\_\_\_

### Reasons for Volunteering:

\_\_\_\_\_  
\_\_\_\_\_

Are you volunteering for school or community service? YES NO

What type of volunteering are you interested in: \_\_\_\_\_

\_\_\_\_\_

At which library location are you interested in volunteering: \_\_\_\_\_

**VOLUNTEER AGREEMENT** - (age 17 or over)

I understand that I am a volunteer for the \_\_\_\_\_ Library, part of the Buffalo & Erie County Public Library (B&ECPL) System. 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 B&ECPL or any of its libraries and am not entitled to any benefits that are provided to employees. I further understand that should I apply for future job openings, the B&ECPL is under no obligation to hire me.

I understand that a background check and/or reference checking may be required before I can begin an assignment. I agree to complete the paperwork necessary for the B&ECPL or applicable library to request and obtain criminal record history information should it be deemed necessary based on the nature of the volunteer work to be performed.

I understand that my volunteer service can be terminated at any time and for any reason by myself or library administration, with or without notice.

As a volunteer, I agree to follow the policies and Rules of Conduct of the library I am volunteering at, as well as all B&ECPL system-wide policies. 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 for my own personal use of any records, reports or documents from the B&ECPL or the library where I volunteer.

As a 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 or the \_\_\_\_\_ Library is not responsible for any injuries I may sustain while volunteering.

As a volunteer, I am considered a library representative 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 and the \_\_\_\_\_ Library.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**VOLUNTEER AGREEMENT** - (under the age of 17) *Must be signed by parent/guardian*

I understand that my minor child is a volunteer for the \_\_\_\_\_ Library, part of the Buffalo & Erie County Public Library (B&ECPL) System. As a volunteer, I understand that my minor child will not be compensated (financially, or in any other manner) for their volunteer time. I further understand that they are not an employee of the Buffalo & Erie County Public Library or any of its libraries and are not entitled to any benefits that are provided to employees. I further understand that should they apply for future job openings, the B&ECPL is under no obligation to hire them.

I understand that my minor child's volunteer service can be terminated at any time and for any reason by myself, my child or library administration, with or without notice.

As a volunteer, my minor child agrees to follow the policies and Rules of Conduct of the library they are volunteering at, as well as all B&ECPL system-wide policies. I understand their obligation of confidentiality and agree to maintain the confidentiality of patrons and staff. I understand they are not permitted to remove or make copies for their or my own personal use 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 they feel may be outside of the scope of their physical abilities or which they consider hazardous to their health or well-being. I understand the B&ECPL and the \_\_\_\_\_ Library are not responsible for any injuries they may sustain while volunteering.

As a volunteer, my minor child agrees to perform their volunteer duties in a professional and credible manner and act in the best interests of the B&ECPL and the \_\_\_\_\_ Library.

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**Legal Guardian's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School Name, if applicable:** \_\_\_\_\_