

BRL VOLUNTEER APPLICATION

Please return your completed volunteer application & application agreement to the branch at which you wish to volunteer
or mail it to the following address:

Blackwater Regional Library
Attn: Human Resources
22511 Main Street
Courtland, VA 23837

Application Date: _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: () _____ Email Address: _____

Employer/School name (*Circle*): _____

Grade Level (if applicable): _____

1. **What hours are you available?** (Be as specific as possible)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

2. **How often can you volunteer?**

Once a week Twice a week Summer only Other _____

3. **Is this a community service requirement?** Yes No (If yes, please explain and indicate total hours required.) Total hours required: _____

If this is a requirement to fulfill court-ordered community service, please state the nature of your offense and indicate the deadline for completion:

4. **Is this a school related requirement?** Yes No (If yes, please explain and indicate total hours required.) Total hours required: _____

Please note: You are required to notify the library if a statement indicating hours worked must be sent to a third party and the schedule of that notification. The library must have advance notice of this reporting requirement.

5. **At which library(ies) would you prefer to volunteer? (List 1 thru 3 in order of preference.**

Bookmobile
 Franklin
 Waverly

Carrollton
 Smithfield
 Windsor

Claremont
 Surry

Courtland
 Wakefield

6. Please describe any work/volunteer experience and special skills you have.

7. Indicate the type of tasks/duties you would like to do as a library volunteer.

8. Please list your current or past employer:

9. Personal References (not a relative and must be 18 or older)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

10. Do you have any physical or medical conditions (allergies, etc.) of which we should be aware? _____ If YES, please explain:

11. In case of emergency, please contact (Please give two options):

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Please note: Background checks may be required for some positions.

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean that you cannot be selected as a volunteer. The offense and how recently you were convicted will be evaluated in relation to the volunteer opportunity for which you are applying)* **required** Yes: ____ No: ____ (if yes, explain fully)

Your selection as a volunteer may be contingent upon a successful background check.
May the library access your police records? * **required** Yes: ____ No: ____

I understand that it is the policy of the library to protect the privacy of those who use the library. I agree to hold information about patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is ground for dismissal from the volunteer services program. I also understand that background checks may be necessary for some positions. My submission of this application to Blackwater Regional Library indicates an agreement with these terms and conditions.

Signature

Date

Library Use Only

Date Received: _____ Date Screened: _____

Location Assigned: _____

Comments: _____

New 011509

BRL VOLUNTEER AGREEMENT

The Blackwater Regional Library appreciates your interest in the library, our patrons, and the community we serve. We welcome your interest, enthusiasm, talents, and skills. As a library volunteer, you make a very special contribution to our community. Please read, sign and return this agreement with your volunteer application.

The Library agrees to provide you, as a volunteer, with a safe work environment. We will provide supervision and training by a member of the library staff, who will answer your questions and provide feedback regarding your work and we will recognize your contributions as a volunteer to the success of the library.

You, as a volunteer, agree to abide by the rules of conduct set forth by the Blackwater Regional Library, to maintain confidentiality of all proprietary or privileged information whether this information involves an individual staff member, volunteer, or patron or involves library business, to dress appropriately and act courteously to patrons and fellow employees, to report on time, as scheduled, to check in with staff upon arrival at work and perform delegated tasks only, to notify the supervisor if you are unable to keep the schedule, to record all volunteer hours on the designated time sheet, and to abide by the policies and procedures of the library.

I have read the library's policy on volunteers and the policy on confidentiality of library records. I also understand that I am not covered by Workmen's Compensation. I understand and agree that a background check may be required before placement in some positions.

I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that any false information may result in my dismissal from the program.

Volunteer signature: _____ **Date:** _____

Parental/Guardian consent (if under 18): I grant permission for _____
Child's name
to participate at Blackwater Regional Library as a volunteer.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Print Name: _____ Phone: _____

Approved to work as a volunteer in the Blackwater Regional Library

Branch Manager _____ Date: _____
New 011509