

Driftwood Public Library Volunteer Application

INFORMATION FOR POTENTIAL DRIFTWOOD LIBRARY VOLUNTEERS

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Volunteer Coordinator
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Hours: Sun. 12:00 PM – 5:00 PM
Tue. 9:30 AM – 6:00 PM
Wed. 11:30 AM – 8:00 PM

WELCOME to the Driftwood Library Volunteer Program.

The work you do is an integral part of our service to the community.

Thank you so much for your interest in joining the Driftwood Library's team of exceptional volunteers. Here are some things you need to know about volunteering at Driftwood Public Library.

Before you can start making Lincoln City a better place, you will need to:

- Complete the attached application form
- Participate in a one-on-one interview with the Volunteer Coordinator (that's me!)
- Pass a background check conducted by the City of Lincoln City.

We ask that new volunteers:

- Commit to at least one, 2-hour shift per week.
- Schedule their volunteer shift on Sundays, Tuesdays, and/or Wednesdays until they have completed their training and are comfortable working without the guidance or supervision of the Volunteer Coordinator.

Once you have started as a volunteer:

- Please use the sign-in/sign-out computer to track your hours and the work you did while you were here
- Be respectful of patrons, staff, and other volunteers
- Feel free to use the break room, but be conscientious of staff use. They have to take their breaks at certain times.
- Be aware that if you come in on a different day than you are normally scheduled, you may find space, tasks, and materials to be in short supply. We base our volunteer work load on who we know is coming in.
- Clean up after yourself
- Be aware of your voice level (you don't have to whisper)
- Please do not use strong scents before coming for your shift
- Let me know if there is a specific job you want to do. I try to train all volunteers on most of the jobs available, so you have a well-rounded idea of what goes on at the Library and to help find the best job for you,
- Accuracy, not speed, is most important
- Do not attempt any task for which you have not been trained
- Do not go behind the circulation desk – Volunteers are NOT allowed to help patrons with check-in, check-out, or retrieving AV holds.

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Contact Information

Last Name	First Name	Middle Initial
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Street Address	City, State	Zip Code
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Email Address	Home Phone	Mobile Phone
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If currently employed, can we contact?	Yes	No
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Employer:	Work Phone
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In case of emergency notify

Name:	Phone number:
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Referral Source(s)

How did you learn about volunteering at Driftwood Public Library? Please check all that apply

Family Friend Staff Brochure Internet Newspaper Other

Have you ever volunteered at Driftwood Public Library? Yes No If yes, when? _____

Previous Volunteer Experience (NOT AT DRIFTWOOD PUBLIC LIBRARY)

<u>Agency</u>	<u>Tasks/Responsibilities</u>	<u>Length of Service</u>

References

Please list two references (non-family members) who can address your suitability to become a volunteer.

Reference #1	Reference #2
Name:	Name:
Email/Phone:	Email/Phone:
Address:	Address:
City/State/Zip:	City/State/Zip:
Relationship:	Relationship:

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Skills & Experience

In which of these areas do you feel you have moderate to excellent skills? Please check all that apply.

- Bi-Lingual Public Speaking Alphabetizing Book Mending
 Organizational Skills Computer Skills Written Spanish Attention to Detail
 Carpentry Database Management Social Media Cleaning
 Problem Solving Ability to lift 50 lbs Clerical Skills Group Facilitation

Please provide details about the skills marked or other skills not listed above:

Availability

Please indicate the days & times you are usually available to volunteer .

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	N/A						
Afternoon							
Evening	N/A						

Expected Length of Service

Ongoing Ongoing, except between these dates—From: _____ To: _____

Only between these dates—From: _____ To: _____

Assignment Preference—Please check all that apply

- Shelving
 Fiction
 Non-Fiction
 Children's Books
 Audio-Visual Items
 Book or AV Mending
 Book Processing
 Research
 General or No Preference

Please provide any additional information regarding your skills, experience, schedule, or assignment preferences here:

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DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The City of Lincoln City may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Pinnacle Investigations, 1101 N. Argonne, Suite A201, Spokane Valley, WA 99212, Phone: 800-955-5306; Fax: 866-934-9070, www.pinnacleprof.com**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the City of Lincoln City to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the City of Lincoln City has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the City of Lincoln City at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Pinnacle Investigations, 1101 N. Argonne, Suite A201, Spokane Valley, WA 99212, 800-955-5306, www.pinnacleprof.com**, another outside organization acting on behalf of the City of Lincoln City and/or the City of Lincoln City itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer: City of Lincoln City

Printed Name: _____ Date: _____

Signature: _____ Date: _____

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

All States Resided in: _____

(Please include city and state. Please also indicate if you have lived in another country)

*This information will be used for background screening purposes only and will not be used as hiring criteria.

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Driftwood Library Waiver and Agreement

I would like to participate in the volunteer program at Driftwood Public Library. I am doing so entirely upon my own initiative, risk and responsibility. I certify the information I have provided is true and give permission for it to be verified. I also understand that any false information will nullify my volunteer service with Driftwood Public Library. Furthermore, I understand that I am not an employee and, as a volunteer, I am not entitled to compensation or benefits. I know I need to read the Volunteer Handbook. I will read the volunteer policies as stated in the Volunteer Handbook and agree to abide by the policies outlined therein.

Driftwood Public Library Volunteers agree to:

- Accept evaluation by supervising staff
- Understand the function of the organizational structure; maintain a smooth working relationship with paid/volunteer staff and stay within the bounds of agreed upon responsibility
- Participate in volunteer trainings and meetings
- Abide by the policies and procedures in the Volunteer Handbook
- Follow instructions presented at any volunteer orientations and trainings
- Take ideas, suggestions and concerns to the appropriate managerial staff
- Not do tasks that I have not been trained to do
- Follow all safety procedures and instructions for any assigned tasks
- Behave in a professional manner while representing Driftwood Public Library
- Accept supervision by Driftwood Public Library staff
- Notify Driftwood Public Library of extended leave or resignation
- Respect patron privacy rights and agree to NOT share any patron information I may acquire while volunteering at Driftwood Public Library. This includes, but is not limited to, borrowing information, borrowing history or holds.
- Give permission to be photographed, interviewed or videotaped for use in publicizing the work of the Driftwood Public Library. This may be used in newsletters, brochures and other types of public relations items to help our community become more aware of Driftwood Public Library and the work we do for the community.
- All records, files, forms, applications, mail lists, passwords, security codes, correspondence, messages or any other entities belonging to Driftwood Public Library and/or bearing their logo and/or name, are the sole property of Driftwood Public Library and may not be disseminated, used/published/sold without the written consent of the Director.

I understand and agree that submitting this application form does not automatically register me as a Driftwood Public Library volunteer, and that there may be certain qualifications I must meet, including acceptance of established volunteer policies and procedures before I may begin volunteering. I have read and fully understand the terms and conditions of this volunteer agreement and I willingly comply with all of its conditions. If I am the parent or legal guardian of a child under eighteen years old who is applying through this application, to volunteer for Driftwood Public Library, I hereby give consent for my child or ward, as the case may be, to become a volunteer for Driftwood Public Library as described in the above volunteer agreement and by checking below join in and agree to be bound by the terms and conditions of the release above.

Signature

Date