Alamance County Public Libraries Volunteer Policy & Application

Anyone wishing to volunteer is required to complete an Alamance County Volunteer Application. Any volunteer that will work directly with patron information and/or children are required to submit to a background check. Volunteers must obtain their own insurance. Alamance County will not be held responsible for any injuries incurred as a result of volunteer services for the county.

Volunteers must be in at least 9th grade, unless approved by the Library Director. Volunteers under 18 years of age must have written permission from a parent or guardian to work at the library. Selection of volunteers is at the discretion of the branch managers. Preference will be given to high school students needing volunteer hours for school.

Immediate family members of library staff may not volunteer in a capacity that would require they be directly or indirectly supervised by their family member. Immediate family is defined as spouse, parent, child, sibling, grandparent, grandchild plus the various combinations of half, step, in-law and adopted relationships that can be devised from those named.

Volunteers must be able to follow verbal and written instructions; must have the skills commensurate with the assigned job duties; must be willing to abide by library work rules; and must be willing to perform all work as assigned by the supervisor. Volunteers are selected based on their qualifications in relation to the needs of the library, and based on their ability to commit to a consistent schedule. The library reserves the right to terminate the services of any volunteer.

Volunteers will only work during hours when adequate supervision is available. Individual work schedules and specific time commitments will be mutually arranged in advance by the volunteer and library staff.

Volunteers are responsible for maintaining the confidentiality of all library information. Failure to maintain confidentiality will result in immediate termination.

Volunteers are recognized by the public as representatives of the library and should conduct themselves appropriately when carrying out assignments for the library. Volunteers are expected to abide by all library rules and regulations. Library volunteers are subject to Alamance County's Employee Dress Code. Individuals are asked to wear a badge that identifies them as a volunteer while they are working at the library.

The library will, upon request, provide letters of reference for the volunteer, if deemed appropriate.

The Friends of the Alamance County Public Libraries group is also in need of volunteers.

Home Delivery Services, housed in the May Memorial Library, is always looking for long-term volunteers to deliver materials to home-bound patrons. All outreach volunteers are responsible for delivery and return of library materials using their own private vehicle and may be accepted after an interview with the Home Delivery Services Coordinator, proof of a valid driver's license, proof of auto insurance, and a background check. Monthly selection of materials may be picked up and returned at any of the four branches of Alamance County Public Libraries.

ALAMANCE COUNTY PUBLIC LIBRARIES VOLUNTEER APPLICATION

Full Name:	Last	First	Middle	
Address:				
	City	State	Zip	
Phone Number:		Date of Birth: Month/Day/Year		
Email address:				
Emergency Conta	act			
		(Name)	(Phone #)	
Availability		wily do you w	vant to be a Volunteer?	
		Library Location:		
Is this required co	ommunity service? Y	N If yes, how many hours do	o you need?	
Do you have any	physical limitations th	at need to be considered for job assignment	gnment purposes? If so, please explain:	
Have you ever bee If yes, please expl		inal offense other than a traffic offen	se? Yes No	
Special Event Home Deliver General shelv	(specify which event,			
		application is complete and correct e for re-determination of volunteer as	et. I further understand that discovering ssignments with the agency.	
		ndent insurance carrier and that Alan alt of my volunteer services for the C	nance County will not be held responsible County.	
Signature:		Date:		
I give permission	ance carrier and that A		y that my child/ward is covered by an ble for any injuries that my child/ward	