14.0 Volunteers

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14.0 Volunteers
There are several reasons for the South Holland Library to welcome Volunteers as members of the Staff. The sense of ownership that the Volunteers have as a part of the Library organization promotes advocacy for the Library within the community. Using Volunteers extends the resources of the Library. Not only do Volunteers perform tasks that might otherwise not get done, they provide valuable input to Library staff about the community.

14.1 Legal Responsibility
If Volunteers have access to confidential information that is needed to perform their job duties, they agree to access only that information needed as part of their task. Any information accessed must be held as confidential by the Volunteer.

14.2 Insurance
- Volunteers are insured as an ‘additional insured’ under the general liability insurance.
- Workers’ compensation auditors may request information about the hours that are worked by Volunteers.

14.3 Budget
- The Library may provide beverages and snacks during Volunteer work sessions.
- The Library does not provide transportation for volunteers.

14.4 Volunteer Position Options
- Volunteer opportunities are task and may involve moving books, planting flowers, distributing literature, etc.
- The Library does not use community service individuals from the court system. Community service is limited to students enrolled in educational programs.
- Potential Volunteers understand that any references they supply may be check by Library Staff.
- Recruitment may be through the Library newsletter, flyers, letters of request (to the Garden Club for flowers, etc). The Volunteer Application is available on the Library web site.
- Library insurance requires that anyone driving on behalf of the Library provide a copy of their driver’s license, date of birth and a copy of the declaration page of their insurance policy.
- Working as a Volunteer does not serve as a link to employment by the South Holland Public Library.
14.5 **Orientation**
- Volunteers must report to Department Head in charge of their project. If unable to attend a work session, the Volunteer should contact the Department Head at 1.708.331.5262.
- The Staff Room is available for meals and break times. Volunteers should leave the Staff Room clean and orderly and wash their own dishes.
- The Library is a smoke free workplace.
- For Safety Precautions, the following policies apply:
  - Footwear must be worn at all times.
  - Appropriate protective clothing, such as gloves or masks must be worn as required by the task.
- Email is the preferred method of communication. Additionally, all volunteers need to provide a telephone number and the name and telephone number of a contact person.

14.6 **Record Keeping**
- Volunteers must complete and sign the Volunteer Work Record Sheet to verify their volunteer hours.
- The Business Manager shall accumulate the Work Record Sheets from Department Heads and provide the information to the Library Director and to insurance and workers’ comp providers on demand.

14.7 **Appendices**
14.7.1. Volunteer Application
14.7.2. Volunteer Work Record Sheet
14.7.3. Volunteer Application Form for Students

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14.7.1 Volunteer Application South Holland Public Library

16250 Wausau Avenue
South Holland, Illinois 60473
708 331-5262
www.southhollandlibrary.org

Date_____________________
Name_________________________________________________ Age (if under 18) ___________
Address _______________________________City________________ State _____Zip_________
Telephone: (Circle preferred) Home____________________Cell________________________
Email_________________________________________

I am available to volunteer: ____ Weekdays____ Evenings ___Weekends ____ AM ___ PM
Please describe any special skills and/or interests you have that may help us to match you with the
best volunteer assignment. Include languages spoken, hobbies, training or experience, etc.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please list names and telephone numbers of 2 references we can contact about you.
________________________________________________________________________________
________________________________________________________________________________

Do you know how to use a computer?      Yes____   No____
Are you familiar with any of the following?
Internet:          Yes___ No___
Microsoft Word: Yes___ No___
Microsoft Excel: Yes___ No___

If volunteering for a task that requires driving your car, you will be asked to provide a copy of your
driver’s license and the declaration page of your insurance policy.

Emergency Information

Person to contact in an emergency__________________________________________________

Relationship to you_________________________ Phone number___________________________

Signature_________________________________________ Date____________________

Department Head signature_________________________ Date____________________
14.7.2 Volunteer Application for Students

You must be at least 11 years old to be considered for volunteer openings at the library. If you are 18 or older, please complete the Volunteer Application for Adults.

Date____________________
Name_________________________________________________ Age ____________________
Address _______________________________City________________ State _____Zip________
Phone: (Circle preferred) Home____________________ Cell____________________________
School___________________________________________________Grade_________________
I am available to volunteer: ____ Weekdays____ Evenings ___Weekends   ____ AM ___ PM

Please describe any special skills and/or interests you have that may help us to match you with the best volunteer assignment. Include languages spoken, hobbies, extracurricular activities, etc.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature______________________________________________Date____________________

😊😊😊
Parent/Guardian Permission

_________________________ has my permission to work as a volunteer at the library. (Student’s Name)

Parent/Guardian Name_________________________________________Phone____________________

Parent/ Guardian Signature_____________________________________Date____________________
14.7.3 Volunteer Work Record Sheet

Name_________________________________________

Department Supervisor___________________________________________

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Total Hours

Volunteer Signature______________________________________________

Date____________________