

L. E. SMOOT MEMORIAL LIBRARY

Volunteer Agreement



Making a difference

The Library Agrees:

- To provide you, as a Volunteer, with a safe work environment.
- To provide supervision and training by a member of the Library staff, who will answer your questions and provide feedback regarding work.
- To recognize your contributions as a Volunteer to the success of the Library.

As a Volunteer, I agree:

- To attend L.E. Smoot Volunteer Orientation.
- To adhere to all L.E. Smoot Memorial Library policies and procedures.
- To arrive on time and check in with staff upon arrival at my volunteer location.
- To call my supervisor as soon as possible if I am unable to report to my volunteer position.
- To report volunteer hours on the volunteer time sheet.
- To always wear a name badge when on duty.
- To adhere to the Volunteer Confidentiality Statement.
- To abide by the information in the Volunteer Handbook.
- To accept guidance and decisions of L. E. Smoot Library.

As a parent, I agree:

- To encourage my child/guardian to strive for good work habits and attendance.
- To ensure my child/guardian arrives on time and is picked up at the end of his/her work shift.
- To emphasize the importance of child/guardian's volunteer responsibility.

Do you have any physical or medical conditions (allergies, etc.) of which we should be aware of? _____

If yes, please explain. _____

Medical Emergencies Involving Minors

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, the L.E. Smoot Memorial Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

In case of emergency, notify _____

Telephone _____ Relationship _____

Media Consent

I give my consent to the L.E. Smoot Memorial Library to use interviews, photographs or video of myself or minor child for the purposes of education, communication and promotion of the library. I release the library from any expectation of confidentiality for my child. YES NO

Volunteer's Name (Please Print) _____ Date _____

Volunteer's Signature _____ Date _____

Parent/Guardian's Name (Please Print) If under 18 years of age. _____ Date _____

Parent/Guardian's Signature (If under 18 years of age) _____ Date _____

Volunteer Coordinator's Signature _____ Date _____