

River Falls Public Library  
**Volunteer Interest Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Please check areas that you would be interested in volunteering:

- Special Projects
  
- Shelving
  
- Programs (help with set-up, chairs, etc.)
  
- Book Repair (mending, taping, gluing, cleaning, etc.)
  
- Book sales (help set-up, monitor and collect money)
  
- General assistance (make copies, prepare crafts, tidy up toys, straighten shelves, etc.)
  
- Gallery (must be 16 years of age)

Available to volunteer: \_\_\_\_\_ days \_\_\_\_\_ evenings \_\_\_\_\_ weekends  
(Check all that apply)

Number of hours to volunteer: \_\_\_\_\_ hours per \_\_\_\_\_  
(recommended: 2 hours per day and 2 days per week)

Why do you want to volunteer? \_\_\_\_\_

Is this for community service? Yes No If yes why? \_\_\_\_\_

How many hours do you need to complete for community service? \_\_\_\_\_ Deadline \_\_\_\_\_

Comments and schedule conflicts:  
\_\_\_\_\_

**\*\*All volunteer times MUST be scheduled ahead of time**

**You MUST sign this form, the City of River Falls Waiver form, and the City of River Falls Authorization for Release of Information and pass a background check to be allowed to volunteer.**

If you have any questions, please feel free to contact the library at 715-425-0905. **Thank You!!**



I, the undersigned, acknowledge that my participation as **Library Volunteer** is strictly voluntary and that such participation does not in any manner imply that I am an employee of the City of River Falls or acting in the course and scope of employment or official company business. I understand that I will not be compensated for my time nor will I be eligible for worker's compensation coverage, any employee benefits, or unemployment benefits in connection with my work for the City of River Falls.

I, the undersigned, hereby assume full responsibility for all risk of injury or loss, including death, which may result from my participation in this program and hereby agree to hold harmless, release, waive, forever discharge and covenant not to sue or bring claim against the City of River Falls, their officers, agents and/or employees from any and all claims and demands whatsoever which the undersigned or any third person, and the representatives thereof have or may have against the said company, officers, agents or employees, by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property arising or resulting directly or indirectly from my participation in the program and occurring during said participation, or any time subsequent there to, whether or not such loss, injury or death is caused or alleged to be caused in whole or in part by the negligent acts or omissions of the city of River Falls, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risks for my heirs, executors, administrators and for all of my family members.

The Undersigned acknowledges that he/she has read the foregoing two paragraphs and is fully aware of the legal consequences of signing the within instrument.

Signature of Volunteer \_\_\_\_\_

Signature of Parent (if under 18) \_\_\_\_\_

Printed name of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

Staff Use

Have Policy & Expectations     Filled out Interest Form     If adult, Authorization for Release of Info

Passed background check (adult only)     If teen, Parent/Guardian signatures



CITY OF RIVER FALLS

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, do not release to unauthorized persons)

I, \_\_\_\_\_, hereby authorize a designee for the City of River Falls to obtain information and records pertaining to me from any or all of the following sources:

- 1) Village, Municipal, County, State, or Federal law enforcement agencies, Wisconsin Department of Justice and Department of Transportation, Department of Health
2) Any place of business (for the purpose of obtaining employment data)
3) Any previous employer or present employer, including employment history, discipline, personnel action, evaluations, etc.
4) Any school, college, university or other educational institution
5) Any person the Department chooses to interview that may provide relevant background information
6) Any sex offender sites either state or national
7) Financial Credit Check
8) Other: \_\_\_\_\_

This information requested below will not be used in connection with the employment decision, but is requested for the purpose of conducting the background check only. Please provide to the City of River Falls any information which may be considered confidential or privileged and permit the City of River Falls to examine and copy that information if it so desires.

Exceptions to this blanket authorization: \_\_\_\_\_

Full Name including Middle Name (print) Date of Birth Gender - Male/Female
Maiden Name, if Applicable Month/Day/Year

Current Address (Street, City, State, Zip)

Driver's Lic. # State Issued Social Security Number

Race Please Circle: White Black Asian Pacific Islander American Indian Alaskan Native

If you have lived in other Cities, Counties or States within the past 10 years, please list below

Previous Address (City, County and State)

Previous Address (City, County and State)

Signature

Date

# River Falls Public Library

## Expectations and responsibilities for volunteers

### Volunteers must:

1. Show respect for the library, library policies and rules, and other users of the library, and share this respect with children as needed.
2. Exhibit honest, reliable and respectful behavior toward library patrons and library staff.
3. Ask for help from library staff if you are unsure of what you are supposed to be doing.
4. Show enthusiasm and as desire to be here, as well as a willingness to learn and to work.
5. Have a positive attitude and be proactive.
6. Have a proactive attitude. If you want to work more hours or do something else, don't be shy about talking to library staff or asking for what you need to do your best work.

### General Information:

1. Must have completed grade 6 to be a volunteer.
2. Dress neatly, arrive on time as scheduled, use appropriate language and voice volume while you are volunteering.
3. Phones, iPods and listening devices are allowed, as long as they do not interfere with the work you are doing here at the library.
4. Volunteering is a good opportunity to prepare for employment and entering the workforce. Volunteering is a good way to give back to your community.
5. If you need a letter of completion or recommendation, please let the full-time library staff person who supervised your volunteer time know in advance. Library staff are happy to write letters for volunteers, but need about a week to compile all the hours and put a letter together.

### Community Service Volunteers:

1. Phones should not be to be used during volunteer times. Texting, messaging, checking email or Facebook, making calls all are not to be done during your community service volunteer hours.
2. Please visit and converse with friends after your scheduled time.
3. You are responsible for recording your own volunteer time. A staff person will show you how this is done. Library staff are only able to use time you have recorded for official recordkeeping.

If you are unable to be here during a scheduled time, especially if you are schedule in the Gallery, call the library at 715-425-0905 and ask to speak to one of the full-time library staff .

Thank you for volunteering at the library!

Contact us at 715-425-0905

## VOLUNTEERS

Volunteering is generally intended to promote good or improve human quality of life. It is considered as serving the society through one's own interests, personal skills or learning, which in return produces a feeling of self-worth and respect, instead of money. Volunteering is also for skill development, socialization and fun.

As a public sector entity, the City of River Falls is able to use unpaid volunteers if they meet the DOL criteria to qualify:

- The services are entirely voluntary, with no coercion by the employer, no promise of advancement, and no penalty for not volunteering.
- The activities are predominately for the employee's own benefit.
- The employee does not replace another employee or impair the employment opportunities of others by performing work which would otherwise be performed by regular employees.
- The employee serves without contemplation of pay.
- If an employee volunteering during non-work hours, the activity does not take place during the employee's regular working hours or scheduled overtime hours.
- If an employee volunteering during non-work hours, the volunteer time is insubstantial in relation to the employee's regular hours.

If a request is received from a citizen to offer volunteer services at the City, please refer the request to your Division Head. The Division Head, in consultation with Human Resources, must verify the request follows DOL requirements and if so, a "Volunteer Waiver Form" must be completed and returned to Human Resources.

Exception: When a "Volunteer Waiver Form" would not apply (example - A girl scout, boy scout or school group that wanted to help clean up a park or help paint park benches or something of a one-time occurrence).