

Volunteer Expectations and Information

Volunteering is a great way to give back to the community and/or gain experience prior to entering the workforce. The River Falls Public Library volunteers play a key role in helping the library provide better service and more programming to patrons.

Expectations

- Volunteers are representatives of the library while performing library duties. Be respectful of the library, library staff, rules, policies, and other users of the library.
- Be honest and reliable. Volunteers are expected to arrive on time for their volunteer hours. If you are unable to make your scheduled time, please call the library (715-425-0905) to let someone know.
- Ask for help if you are unsure what you should be doing or how to do something. The library staff will be happy to provide guidance.
- Show enthusiasm and desire to be volunteering at the library.
- Be engaged with the work you are doing. Socializing with friends, family, etc. should be kept to a minimum.
- Demonstrate a willingness to learn and to be proactive. If there is something you would like to learn or want to volunteer more hours, please let one of the library staff know.
- Have a positive attitude.
- Use appropriate language and voice volume while volunteering.
- Adhere to the Patron Privacy Laws (Wisconsin Statute 43.30) by ensure all library records are kept confidential. This includes, but is not limited to, discussing the resources and services used by patrons, releasing personal identifying information to unauthorized individuals, revealing information regarding delinquent accounts of any individual, etc. If anyone requests information regarding a patron from you, please refer them to a member of the library staff for assistance.

Dress Code

The River Falls Public Library has a casual dress code for volunteers. Volunteers should be comfortable while maintaining a clean and neat appearance.

Other dress code requirements are:

- No offensive or controversial wording, slogans, or images.
- No sandals or open toed shoes.

If a volunteer is found to be in violation of the dress code, they will be asked to go home with the option to return that day if they change clothes before returning. Failure to adhere to the dress code may result in termination of your volunteer status.

General Information

- Headphones for listening to music, podcasts, audiobooks, etc. are permitted as long they do not interfere with performing volunteer duties.
- Phones are permitted as long as they are on silent and used in a respectful manner.
- Volunteers are responsible for recording their own time. Someone will show you how to record your time on your first volunteering shift. Only officially recorded time will be used for record keeping.
- If you require a letter of completion or recommendation, please let the library staff know in advance. There are several things that need to be complied to provide this and it can take up to a week for it to be completed.

By signing this document, I attest that I understand the expectations and rules of volunteering with the River Falls Public Library detailed above. I understand that failure to follow these expectations may result in my volunteer status being terminated.

Signature

Date

If under 18, Parent/Guardian Signature

Date

River Falls Public Library
Volunteer Interest Form

Name: _____ **Phone:** _____

Address: _____ **City:** _____

Zip Code: _____ **Email:** _____

If under 18 (Must have completed 6th grade to be eligible to volunteer):

Parent/Guardian Signature: _____

Parent/Guardian Phone: _____

Please check the areas that would you be interested in volunteering (check all that apply):

- Special Projects
- Shelving
- Programs - help with set-up, chairs, etc.
- Book Repair – mending, taping, gluing, cleaning, etc.
- General Assistance – make copies, prepare crafts, tidy-up toys, straighten shelves, etc.

Time of Day available to volunteer (check all that apply): Days Evenings

Number of Hours desired: _____ **Number of Days per week desired:** _____

Recommended for adults (maximum for teens): 2 hours/day & 2 days/week

Why would you like to volunteer with the River Falls Public Library? _____

Is this for community service? Yes No *If yes, number of hours are required:* _____

If yes, required completion date: _____

Any other comments or scheduling conflicts:

**** All Volunteer times MUST be scheduled in advance ****

This form, the City of River Falls Waiver Form, the City of River Falls Authorization for Release of Information form, and the Volunteer Expectations form must be signed, and a background check passed before you will be allowed to volunteer. Parent/Guardian signatures are required on all forms for individuals under 18.

If you have any questions, please contact the library at 715-425-0905. Thank you!



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) Military Records
8) Financial Credit Check
9) 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) Maiden Name/Alias (if applicable) Sex: Male Female

Date of Birth (MM/DD/YYYY) Social Security Number

Current Address (Street, City, State, Zip)

Driver's License # State Issued

Race: White Black Asian Pacific Islander American Indian Alaskan Native Other

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

If under 18, Parent/Guardian Signature Date



I, the undersigned, acknowledge that my participation as a City of River Falls **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 city 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 volunteer service 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 city, 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 they have read the foregoing two paragraphs and is fully aware of the legal consequences of signing the within instrument.

Adult volunteers must complete this section:

Department or Activity I am volunteering in: _____

Name (Print): _____

Address: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

For persons under the age of 18, the parent/legal guardian must complete this section:

By signing below, you are granting permission for your child to volunteer at the River Falls Library.

Child's Name: _____ Grade level: _____ Date: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone Number: _____

Parent/Guardian's Email Address: _____

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____