**Cadott Community Library – Volunteer Agreement**

In volunteering for the Cadott Community Library, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sign in agreement to the below statements, regarding my service to the library. I understand if I do not uphold this agreement, the library director or library board can terminate my time as a volunteer.

1. I will not be paid for any services rendered to the Cadott Community Library and will complete tasks of my own free will.
2. I will dress for the work expected and abide by the library dress code.
3. I will be polite in words and actions to all library visitors and staff.
4. I will give the library director sufficient notice if I am unable to volunteer my scheduled hours.
5. I will treat all information about patrons or staff in a confidential manner. This includes information passed word-of-mouth, through documents, or other records.
6. I am willing to learn various aspects of library work and comply with library policies.
7. I authorize the library to do a background check before I begin my duties as a volunteer.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Skills:**

Please list any special skills or hobbies that may be useful in your time as a library volunteer.

**Routine Volunteer Tasks**

Place a check in the box for each task you feel most comfortable performing during your volunteer hours. There is also a space for you to list other services you may want to provide.

* Routine cleaning
* Shelf cleaning and organization
* Program/event preparation
* Special Projects (Weeding, Relabeling, etc)
* Back-up library work (Shelving, materials processing, circulation duties)
* I would like to start a new group/club at the library \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I would like to coordinate/facilitate a current group at the library
	+ Adult Book Club
	+ Tuesday Craft/Coloring/ “Take 10”
	+ Children’s Storytime
* Other:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**When completed, please return this form to a librarian and the library director will be in touch. Thank you!**