

# Orem Public Library Volunteer Application

## PERSONAL INFORMATION

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

Emergency Contact (name, relationship, phone) \_\_\_\_\_

Referred By: \_\_\_\_\_

## EXPERIENCE

Volunteer Experience (current and past) \_\_\_\_\_

\_\_\_\_\_

Work Experience (current and past) \_\_\_\_\_

\_\_\_\_\_

Other skills, abilities, hobbies or interests \_\_\_\_\_

\_\_\_\_\_

## AVAILABILITY

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:						

I would like to volunteer \_\_\_\_\_ hours per \_\_\_\_\_ .

What type of service are you interested in (circle areas of interest on back side of sheet)?

What do you hope to gain from your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

Library Use Only: Application Taken By: \_\_\_\_\_ Identification Verified By: \_\_\_\_\_

Background check OK: \_\_\_\_\_ Called: \_\_\_\_\_ Area Assigned: \_\_\_\_\_

Training Date: \_\_\_\_\_ Volunteer Library Privileges given: \_\_\_\_\_

## **Library Volunteer Opportunities** (Please circle the options that interest you)

### **LIBRARY MAINTENANCE SERVICES**—help keep the library looking great and running smoothly

- Fill paper and pencils
- Sharpen pencils and cut scrap paper
- Straighten and pick up books, dust shelves
- Clean books, movies, audio books
- Fold/Staple booklists
- Book Mending

### **CIRCULATION AND REFERENCE SUPPORT**—help bring people and information together

- Empty book drops
- Check returned items for damage and completeness
- Scan library applications
- Sort carts of items to be shelved
- Shelve items
- Read shelves to maintain order

### **SPECIALIZED LIBRARY SERVICES**—assist with library collection, programs, and operations

- Inventory library materials
- Assist cataloging in data entry
- Assist collection developers with collection maintenance
- Assist acquisitions with donations
- Friends of the Library – be an advocate for the library and assist with special projects and events.

We appreciate the service our volunteers give. If you have further questions about volunteer work please contact Christie Nuttall at 801-229-7120. Thank you.



# City of Orem Volunteer Approval

56 North State Street, Orem, Utah 84057

Pursuant to the Volunteer Government Workers Act, Utah Code Chapter 20

Name:			(for office use)		
Last	First	Initial	City, State:		Zip:
Address:			Phone (cell):		
*Date of Birth:			Phone (home):		
Email address:			Emergency Contact:		
Name		Relationship		Phone	

\*This response is necessary to conduct a background check (see below).

Have you ever been employed by the City of Orem? Yes No

If yes, when and what was your title? \_\_\_\_\_

Have you been convicted of any violation of the law? (traffic violations excluded)

If yes, please explain on a separate page Yes No

### Volunteer Code of Conduct

As a volunteer I will perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability. I will not undertake to use any equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely. As a volunteer I will strictly observe all safety rules and use care in the performance of my assigned tasks.

As a volunteer I will treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration. While volunteering I will not use profanity, or make humiliating, ridiculing, threatening, or degrading statements.

### Volunteer Acknowledgements and Waivers

Many volunteer positions with the City involve working with children or in other safety sensitive positions. To help safeguard the public, the City will perform a background check on all volunteers.

As a condition of volunteering, I give the City of Orem permission to conduct a thorough background check on me, which may include a review of sex offender registries, criminal history records, driving records and federal FBI records. I understand that all volunteer positions are conditioned upon the City never receiving inappropriate information on my background.

I understand that volunteer positions are charitable contributions to the City of Orem without anticipation of compensation of any kind or consideration of future employment.

As a volunteer I agree to be subject to the policies and procedures of the City of Orem.

Your signature below indicates that you have read each of the above items and you agree to be bound by them. If you are under the age of eighteen, your parent or guardian must also review these items and sign below.

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

\_\_\_\_\_  
Date

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_  
and I agree to allow him/her to be bound by the conditions represented above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date