

# Massillon Public Library Volunteer Service Application and Agreement

TO HELP US MAINTAIN ACCURATE RECORDS, PLEASE WRITE CLEARLY.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Check your Age Category: \_\_\_\_\_ Youth/Teen \_\_\_\_\_ Adult (18+)

If you are presently employed, where? \_\_\_\_\_

Hours \_\_\_\_\_ If we may call you at work, what is the phone number? \_\_\_\_\_

Where have you volunteered? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

What did your volunteer duties include? \_\_\_\_\_

Library service areas that are most interesting to you (check all that apply):

- Building and Grounds (e.g. gardening, picking up litter)
- Children's and Young Adult Departments (e.g. craft preparation, summer reading program aides)
- Circulation Department (e.g. pulling holds, shelving bks/AV materials, cleaning CDs/DVDs)
- Delivery to Homebound and Outreach Sites
- Genealogy (e.g. indexing local newspapers, clipping and copying newspaper articles about MPL)
- Information Services (e.g. homework help, computer/Internet assistance)
- Interlibrary Loans (e.g. packing and unpacking materials from other libraries)
- Organization (e.g. shelving, dusting, straightening shelves, cleaning materials, shredding documents, or filling daily book sale rack)

If you are interested in assisting the Friends of the Library with fundraising, including the Friends of the Library Book Sale, check here: \_\_\_\_\_ (If you mark this, we will share your contact information with the Friends of the Library.)

Would you be available for: \_\_\_\_\_ Weekly/long term projects \_\_\_\_\_ Short term projects \_\_\_\_\_ On call as needed

When are you available to volunteer? Please indicate the hours you are available, such as 10 a.m. to 2 p.m.

Monday _____	Thursday _____
Tuesday _____	Friday _____
Wednesday _____	Saturday _____

Check the locations where you wish to volunteer: \_\_\_\_\_ Main \_\_\_\_\_ Brewster Branch \_\_\_\_\_ Navarre Branch

Date you can begin volunteering for Massillon Public Library is \_\_\_\_\_

In your volunteer position, will you be able to lift and/or bend? \_\_\_\_\_YES \_\_\_\_\_NO  
If you have a medical condition that MPL staff should be aware of while you are volunteering, please include:

Special instructions regarding your condition: \_\_\_\_\_

Emergency contact:

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

Your doctor's name \_\_\_\_\_ and phone \_\_\_\_\_

As a volunteer, I agree to:

- ⓧ Abide by *Massillon Public Library Behavior Policy, Dress Code, and Volunteer Handbook*
- ⓧ Accept guidance from and respect decisions of paid staff
- ⓧ Maintain confidentiality of all proprietary or privileged information regarding staff members, patrons, volunteers, and library business
- ⓧ Stay within the boundaries of volunteer responsibilities

I understand that an interview and/or a background check may be required before placement in any volunteer position.

I certify that all statements made in this application are true and correct to the best of my knowledge and ability, and I agree and understand that any false statements may result in my dismissal from the program.

I hereby agree to release from liability and hold harmless the Massillon Public Library or any of its representatives, agents, or employees for any injury, illness, loss, or damage sustained by me during the performance of my duties as a volunteer for the Massillon Public Library. I agree that I sign this waiver of liability freely and voluntarily.

I understand that Massillon Public Library is now required to verify eligibility for a volunteer position with respect to the Ohio Public Employees Retirement System (OPERS). I further understand that I am required to provide my social security number to be used in this verification process via the OPERS secure website. This check will confirm whether I have prior public service employment or age and service, or disability benefits which may preclude my eligibility to volunteer.

I attest that I understand that volunteering for the Massillon Public Library should in no way be construed as paid employment.

I understand that I will be notified of my eligibility by the Massillon Public Library Volunteer Coordinator.

Social Security Number	Volunteer Signature	Date
Print your name		

**OR: Parental/Guardian consent (if under 18):** I grant permission for the above minor to participate in the Massillon Public Library volunteer program.

Parent/Guardian Signature (required for minors)	Date
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Please return completed application to:  
Massillon Public Library  
ATTN: Volunteer Coordinator  
208 Lincoln Way East  
Massillon, OH 44646

**OFFICE USE ONLY**  
OPERS verification by  
Fiscal Officer: \_\_\_\_\_