



Library **VOLUNTEEN** Expectations

Thank you for your interest in volunteering at the Roselle Public Library. We will aim to match the needs of the Library with the strengths and skills of applicants and will notify you when we are able to do so.

If you are approved to volunteer at the Roselle Public Library, we will ask that you:

- Show up on time. Please call at 630-529-1641 or email the Library at ats@rosellepld.org if you will be late or absent.
 - If there are more than 3 unplanned absences, the Library reserves the right to cancel your participation in the Volunteer program.
- Sign in with staff at the start of your shift and alert staff at the end of it.
- Wear a badge at all times during your shift.
- Always conduct yourself appropriately; treat all staff members and patrons with respect.
- Perform your duties to the best of your ability.
- Dress appropriately. Anyone showing up for volunteering dressed in offensive or inappropriate attire, as deemed so by Library staff, will be sent home. Do not wear anything you could not wear to school.
- Abide by all Library policies and procedures at all times.
- Treat all information acquired at the Library during your volunteer hours as confidential.

You can expect to be:

- treated with respect by our staff.
- supervised at all times.
- accompanied by staff when in non-public areas.

Volunteers under the age of 16 are **not** allowed:

- to work between 7:00 p.m. and 7:00 a.m. during the school year.
- to use guillotine paper cutters, Ellison equipment, X-acto knives, or other tools which may pose a physical danger to the volunteer.

After being approved as a volunteer, please:

- Arrive only at the specified time set up in advance of your arrival.
- Check in with staff.
- Put a volunteer badge on, which can be found at the Adult and Teen Services Desk.
- Record your check-in time and the department that you are working in on your Volunteer Record Sheet. The department will always be VT (for VolunTeen).
- Report back to staff and work on tasks assigned to you.
- At the end of the volunteer time that has been assigned to you, advise staff that you are leaving.
- Record your check out time on your Volunteer Record Sheet.
- Return your volunteer badge.

Volunteers are not allowed in non-public areas of the Library when they are not scheduled to volunteer.

Library staff may cancel participation in the Volunteer program at any time for any reason.

Library **VOLUNTEEN** Descriptions

Activities

Weekly Hours

Shifts will be limited to one hour per day, no more than two hours per week, for up to a total of 8 weeks per quarter, to accommodate as many volunteers as possible.

Quarters: September – November, December – February, March – May, June – August

Tasks typically include craft kit preparation and assembly, cutting display materials, sorting and/or counting craft materials or supplies, making seasonal promotional buttons, quarterly decorating, cleaning library materials.

Department Decorating

One two-hour shift, on a designated Saturday. A member of the Youth Services department will lead participants in the creation of seasonal, secular decorations to be placed in select areas of the department.

- February - Spring
- May – Summer
- August – Fall
- November - Winter

Programs (Youth Services)

Programs offered in the Youth Services department serve children from birth to 5th grade. Volunteers who sign up to assist with programs will be asked to assist for the entire length of the program – 30 – 60 minutes – and may be asked to arrive early or stay after to assist with set-up or tear-down. During the program, volunteers will be asked to assist with greeting, counting, or directing attendees, or providing additional one-on-one support to individual attendees.

Special Events

The Library participates in many special events throughout the year, including but not limited to:

- Garden Day (May)
- Summer Reading Kick-Off (June)
- Taste of Roselle (August)
- Trunk or Treat (October)
- Model Railroad Showcase (November)
- Winterfest (December)

Volunteers who sign up to assist with special events will be asked to assist for a minimum of 2 hours and might be called upon to assist with set-up or tear-down and greeting, counting, or directing attendees.



Library **VOLUNTEEN** Application

Are you under the age of 18? YES _____ NO _____

If YES, continue to complete this application. If no, please complete the Volunteer Application.

Name _____ Phone (_____) _____

Home Address _____ City & State _____ Zip _____

Email Address _____ (all communications for scheduling are done via email)

Emergency Contact: _____
(name) (relationship to you) (contact number)

Are you currently a student? YES NO

If yes, name of school _____

What grade are you in (or going into)? _____

Special skills and interests _____

Department you are interested in volunteering for: (please select one)

Adult and Teen Services Youth Services

Type of duties/activities you are interested in:

Weekly Hours Programs Special Events Seasonal Decorating (YS only)

Reason for volunteering _____

If applicable, how many service hours are needed for a club, school, or other requirement?

When do you need to complete your service hours?

Do you require any accommodations that the Library should be aware of? _____

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 – 11:00 am	<input type="checkbox"/>						
11:00 am – 12:00 pm	<input type="checkbox"/>						
12:00 – 1:00 pm	<input type="checkbox"/>						
1:00 – 2:00 pm	<input type="checkbox"/>						
2:00 – 3:00 pm	<input type="checkbox"/>						
3:00 – 4:00 pm	<input type="checkbox"/>						
4:00 – 5:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5:00 – 6:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6:00 – 7:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

When are you available to begin volunteering? _____

Please list dates you are NOT available _____

Have you volunteered at the Roselle Public Library previously? YES NO

If yes, list the time period you previously volunteered _____

I state the above information is true and accurate to the best of my knowledge. If selected, I will fulfill my duties as agreed upon between myself and the Roselle Public Library District staff. Submission of application does not guarantee acceptance or availability of hours. All requests are subject to availability.

I acknowledge that I have received and read a copy of the **Roselle Public Library District Volunteering Expectations** and agree to abide by them.

Signature of Applicant

Date

Name of Parent/Guardian (if Applicant is under 18 years)

Signature of Parent/Guardian (if Applicant is under 18 years)

Date



Library **VOLUNTEER** PARENTAL CONSENT FORM

In order for your child to become a volunteer with us, we require your consent and involvement to ensure they have a productive experience. Please read and sign this parental consent form if you would like the Roselle Public Library District to continue the process of considering your child as a volunteer.

Note: This Parental Consent Form must be filled out for all volunteers under the age of 18. Children under the age of 12 may not volunteer at the Roselle Public Library District without a parent or guardian on Library premises.

NAME OF TEEN VOLUNTEER: _____

I understand that my child (named above) wishes to be considered for volunteer work, and I hereby give my permission for them to serve in that capacity, if accepted by the Roselle Public Library District. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties, and that they will be expected to meet all the requirements of the procedures. I understand that they will not receive monetary compensation for the services contributed and that their participation as a volunteer may be ended at any time by Library staff.

Parent/Guardian signature: _____

Nature of relationship to Volunteer: _____

Date: _____

PLEASE RETURN COMPLETED APPLICATION TO THE ADULT and TEEN SERVICES DESK.

STAFF ONLY:

Session applied for and accepted: _____

Signature of Youth Services Manager (if applying to volunteer in YS) Date

Signature of Library Volunteer Supervisor Date

Signature of Executive Director Date