



# East Lake Community Library

## 'HELPING HANDS' APPLICATION

The "Helping Hands" program at East Lake Community Library offers flexible volunteer opportunities for ages 11 and up to assist with events, programs, and special projects, without the commitment of regular volunteering.

### PERSONAL INFORMATION: *(Please Print)*

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip
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Phone # : \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you a year-round resident? Yes ☐ No ☐

If not, what months are you available? \_\_\_\_\_

**Have you ever committed, been convicted of, pled guilty to, or pled no contest to, a felony or a misdemeanor?** \*Note: Conviction of a crime is not necessarily grounds for disqualification.

Yes ☐ No ☐ (If yes, please explain): \_\_\_\_\_

### HOW DID YOU HEAR ABOUT OUR VOLUNTEERING OPPORTUNITIES?

Friend ☐ Website ☐ Library Flyer ☐ Social Media ☐ Road Sign ☐ Other ☐

### EMERGENCY CONTACT: (Please provide the contact information for someone we can reach in case of an emergency)

Full Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

*Note: This information will only be used in case of an emergency and will be handled with confidentiality.*

## **VOLUNTEER AGREEMENT:**

**Your work as an ELCL volunteer provides important support for the Library's mission to provide resources that meet the educational, recreational, cultural, intellectual, and social needs of our community.**

### **The Library agrees:**

1. To provide you, as a volunteer, with a safe work environment.
2. To provide supervision and training by a member of the library staff, who will answer your questions and provide feedback regarding your work.
3. To recognize your contributions as a volunteer to the success of the library.

### **As a volunteer, I agree:**

1. To attend an ELCL Volunteer Orientation if required.
2. To accept guidance and decisions of ELCL paid staff members.
3. To always wear a volunteer name badge while on duty.
5. To log all volunteer hours.
6. To maintain confidentiality of all staff and borrower information. I understand that any violation of the confidentiality of borrower information will result in the termination of my volunteer program.
7. To dress appropriately and act courteously to patrons and employees.
8. To report on time, as scheduled and check in with staff upon arrival, and perform delegated tasks only.
9. To give advance notice of absences, when possible, record the absence on the volunteer calendar, or email the Volunteer Coordinator ([volunteer@eastlakelibrary.org](mailto:volunteer@eastlakelibrary.org)), or call the library at 727-773-2665 for same-day callouts. If the library is closed when I call, I will leave a message to alert staff of my absence.

**I understand and agree that if my participation grows beyond special one-off events and becomes more regular, committing to over 10 hours per month, a background check will be required. East Lake Community Library (ELCL) will cover the cost of the background check. Volunteers under the age of 18 are exempt from this requirement and may volunteer for more than 10 hours per month. I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that any false information may result in my dismissal from the Library.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT/GUARDIAN CONSENT (for volunteers under age 18):**

*By signing below, I acknowledge that my child is volunteering with the "Helping Hands" program at East Lake Community Library. I understand that this program involves occasional, one-time volunteer opportunities. I consent to my child volunteering up to \_\_\_\_\_ hours per day and/or \_\_\_\_\_ hours per month.*

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

Parent/Guardian Print Name: \_\_\_\_\_

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