



PUBLIC LIBRARIES OF SAGINAW

Volunteer Guidelines

The Public Libraries of Saginaw recognizes and appreciates citizen participation. The library provides volunteer opportunities to residents of the legal service area and will provide training and supervision to each person chosen as a Library volunteer. Volunteers are identified as persons who regularly perform duties or tasks for the Library without wages or benefits.

1. Volunteers must complete a volunteer application form and be age 14 or older. Volunteers under age 18 must have written permission from their parent or legal guardian to volunteer for the Library.
2. Volunteers will be accepted as needs arise. Submission of the volunteer application does not guarantee acceptance as a volunteer.
3. Volunteers will not take the place of paid staff. Volunteers will be expected to set, and adhere to, a schedule with the supervisor where they are assigned.
4. Volunteers are recognized by the public as representatives of the Library and shall be guided by the same work and behavior code as employees. Volunteers will wear an identification badge when volunteering at the Library.
5. Volunteer applicants will sign a liability waiver.

Public Libraries of Saginaw Library Volunteer Application

Name _____ Phone _____

Address _____

City _____ Zip Code _____

Email _____ Birth Date _____

The Public Libraries of Saginaw performs background checks on all volunteers who are 18 years and older. Male Female

Are you under the age of 14? Yes No Are you under the age of 18? Yes No

If under age 18, volunteer must present a valid work permit before starting any volunteer duties.

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, explain: _____

Give any information or experience that you believe is important for us to know about you.

What would be the amount of volunteer time you would like to give each week? _____

Previous employers – give name of company, address, telephone number and position held:

Please check location(s) in which you can volunteer:

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Authorization: I authorize the Friends of the Public Libraries of Saginaw to investigate the statements I have made in this application, including records of former employers. I authorize such sources to release this information without liability for damages incurred for giving it. I further waive any written notice of the release of such records that may be required by state or federal law.

Waiver of Liability: The undersigned hereby waives, releases and discharges the Public Libraries of Saginaw and its respective agents, officials, insurers, lessees, employees, and representatives from all liability for death, illness, personal injury, or damage to property suffered by the undersigned in connection with any and all activities engaged in connection with performing volunteer duties for the Public Libraries of Saginaw.

Signature of volunteer _____ Date _____

I am the parent/guardian of _____ and I give this written permission for _____ to be a volunteer at the Public Libraries of Saginaw and I accept and agree to the requirements set forth in the Public Libraries of Saginaw Volunteer Application.

Parent/Guardian _____ Date _____