

Meaford Public Library

JOB DESCRIPTION VOLUNTEER

The library volunteer assists in the performance of library methods and procedures under the supervision of the CEO and the direct supervision of any other assigned staff member. The library volunteer assists with library programs and delivery of services.

TASKS:

1. Placing books and other materials on the shelves.
2. Packing, unpacking and storing of materials and supplies.
3. Reading of shelves to keep material in proper order.
4. Dusting and cleaning of shelves, books and other materials
5. Helping with displays.
6. Keeping the library neat and in good order.
7. Preparing new books for shelves.
8. Assisting with library programs or events.
9. Database management tasks as assigned by CEO.
10. Assists with inventory.

**Meaford Public Library
VOLUNTEER APPLICATION FORM**

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

1. List past work experience (including volunteer work). Highlight the experience which you feel might be applicable to library work.

2. List other skills and special knowledge you have which might be beneficial to the library.

3. Are you interested in all aspects of library work? Are there some jobs you are not interested in?

4. Would you prefer to have a regular work schedule or work on special projects or events within a more flexible time frame?

5. Are there any days or times of day when you are not available?

6. How many hours per week/month would you have to give to the library?

REFERENCES:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Volunteers at the Meaford Public Library are as important to its function as any other members of the staff. Because we rely on our volunteers to enable us to provide the best service possible to the community, we ask that they commit to an agreed upon schedule and give reasonable notice if they are unable to report to work.

Excessive absences make it difficult for us to work efficiently. If a volunteer finds that he/she must miss work frequently, the library may find it necessary to replace him/her.

Volunteers will be evaluated informally on a regular basis.

The Chief Executive Officer, with the designated staff member will determine the nature and scope of each volunteer's job in the library after the initial interview.

I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES AS A VOLUNTEER.

Signed: _____

Date: _____

Meaford Public Library
WAIVER FOR LIBRARY VOLUNTEERS

I, _____ acknowledge that I am over the age of 13 years of age and will provide services to the Meaford Public Library on a volunteer basis wherein I will occupy the position of _____.

perform the following duties:

and report to the position of : _____.

I understand that in performing the above stated duties I will not perform in any supervisory capacity.

I understand the foregoing services will be rendered without payment for same, nor will I be entitled to any benefits normally provided by the Meaford Public Library.

Signature of Volunteer

Date

To be signed by parent/guardian if the volunteer is under the age of 16.

Signature of Parent/Guardian

Date

All confidential information acquired by you during your volunteer placement remains the property of the Meaford Public Library and any private use by you of that information during your placement or thereafter is unlawful.

Personal information on this form is collected under the authority of the Municipal Act R.S.O., 1990 C.M45. and will be used to determine eligibility for employment.



VOLUNTEER CONFIDENTIALITY STATEMENT



Pursuant to Section 47(c) of the *Municipal Freedom of Information and Protection of Privacy Act* and Ontario Regulation 823:

I, _____, am a volunteer of the Corporation of the Municipality of Meaford in the position of _____.

I HEREBY ACKNOWLEDGE AND UNDERSTAND the following:

THAT the *Municipal Freedom of Information and Protection of Privacy Act* provides standards for and requires administrative, technical and physical safeguards to ensure the security and confidentiality of records and personal information under the control of the Corporation of the Municipality of Meaford.

THAT Ontario Regulation 823 intends to apply access and security considerations in the day-to-day administration of an institution's records and requires measures be taken to prevent unauthorized access to an institution's records.

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT in the course of carrying out my duties, I may have access to and may be dealing with records containing confidential information and/or personal information which reveals the identity of the person who is the subject of the record or the identity of a person who has provided information about the subject of the record.

I HEREBY AGREE to hold such information confidential and, except as may be legally required, will not disclose or release it to any person at any time without proper consent or authorization.

I FURTHER AGREE to take appropriate security measures to prevent unauthorized access to confidential information.

DATED at the Municipality of Meaford, this _____ day of _____, 20_____.

Witness

Signature of Volunteer