Bayonne Public Library Volunteer Policy

Program Overview

The Bayonne Public Library Volunteer Program welcomes members of the community who volunteer their time to support the Library and its mission. The Program also provides volunteers with an opportunity to gain valuable experience, and/or to contribute their time and energy to the community through the Library. Volunteers raise the visibility of the Library in the community by helping to create an awareness and understanding of the Library and its services. Volunteers perform varied duties as discussed with and approved by Library supervisors.

Policy

The Bayonne Public Library Volunteer Program is open to persons 16 years of age or older. Signed parental permission is required for all persons under 18 years of age.

Anyone wishing to volunteer must fill out the Volunteer application and sign the Waiver Statement included in the application. Volunteers are ambassadors for the Library and must present a positive image to the public. It is expected that each volunteer’s dress and grooming will be appropriate for a business environment and in keeping with the given volunteer assignment. If, in the sole discretion of a supervisor or the Library Director, a volunteer is deemed to be dressed inappropriately, the volunteer may be sent home to change clothes before being permitted to work their volunteer shift.

The Director will designate a staff member to perform the duties of Volunteer Coordinator, who shall be responsible for coordinating all aspects of the Library’s volunteer program, in addition to the staff members’ primary job duties. This staff member will interview potential volunteers and provide a brief orientation about the Library and its Volunteer Program. Once a volunteer has been assigned to a particular department, volunteer training becomes the responsibility of that department's supervisor. Periodic evaluations will monitor the progress of both the volunteer and the Program.

The Library attempts to place all those interested in volunteering; however, the Library is unable to guarantee placement in the Volunteer Program for all interested candidates. To end a volunteer commitment, the volunteer must notify the Volunteer Coordinator or the department supervisor. The Library does not provide any medical, health, or worker’s compensation insurance or any other employee benefits for any volunteer, but may provide certain benefits to volunteers, as developed by the Volunteer Coordinator and as approved by the Library Director. Volunteers are subject to the Library’s policies governing patron behavior, including the Code of Conduct Policy, and policies governing employee conduct, such as the policies against Employment Discrimination and Workplace Harassment. The Library uses volunteers to supplement and support the efforts of staff members in providing quality service and assisting patrons in becoming familiar with the Library. Volunteers do not replace the work of paid Library staff.
The Library determines volunteers’ assignments based upon the following:

- needs of the Library at any given time,
- qualifications of volunteer applicants,
- volunteer’s ability to commit to a consistent schedule of hours,
- availability of staff to supervise volunteers,
- some assignments may have a minimum age requirement.

Volunteer applicants aged 18 and older are subject to a background check.

The Library and its staff members appreciate that volunteers are giving their own time and effort to assist the Bayonne Public Library. The Volunteer Program operates under the auspices of the Bayonne Public Library Board of Trustees and the Library Director.

Approved by the Board of Trustees: 12/5/23
Volunteer Application

Contact Information:

Name: ____________________________________________________________

Address: __________________________________________________________

School (If applicable): ______________________________________________

Phone: ____________________________________________________________

E-mail: _____________________________________________________________

Availability:

During which hours are you available for volunteer assignments?

___ Morning ___ Afternoon ___ Evening

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday____

Task Type (Pick Any/All of Interest):

- Regularly each week for ____ hours

- Work on a Special Project ______ (ex. Book sale, program, etc.)

Interests:

Please indicate if you have a preference for the type of work or library department of interest. (While we will try to place volunteers based on their area of interest, we may not always be able to accommodate the request.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Special Skills /Qualifications/Preferences:

Summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Previous volunteer experience:

Summarize your previous volunteer experience.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Physical Limitations:

Some library work involves physical exertion, standing, or close visual work. Please list any physical limitations that might affect your volunteer placement.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Person to Notify in Case of Emergency:

Name: ________________________________________________

Address: ____________________________________________

Home Phone: _________________________________________

Work Phone: _________________________________________

Email: ______________________________________________
Agreement and Signature:

I hereby agree to not make any claim or demand or to institute, press, or in any way aid any claim, demand action or causes of action or legal proceeding of whatever nature against the Bayonne Public Library or Bayonne Public Library Board of Trustees for, on account of, or in any way growing out of any and all injury I may suffer while rendering volunteer services to the Library or resulting from my performance of volunteer services to the Library that are not caused by or the result of the negligence of the Library, Library staff, or other city employee. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):______________________________________________________________

Signature:_________________________________________________________________

Date: ______________________________

Equal Opportunity Policy Notice:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:

School:__________________________________________________Grade:______________

Parent Name (Please Print):_____________________________________________________

Address:_____________________________________________________________________

Phone #:_____________________________________________________________________

I give permission for my child_______________________________________________ to serve as a volunteer for the Bayonne Public Library.

Parent / Guardian's signature:________________________________________________

Date: ____________________________