

Prospective volunteers please read this before filling out the packet

Volunteer Service

A volunteer is someone who performs tasks or services of his/her own free will, without expectation or receipt of wages, benefits, or compensation of any kind. This is not an employment relationship, and volunteers are not eligible to receive any compensation or employee benefits while in volunteer service.

Schedule – Because the library has varying hours, we are interested in volunteers who can offer flexibility in the hours they are available. We understand that many volunteers will have limited availability, and we appreciate what each person can offer. When reviewing applications, we will take into consideration each applicant’s availability in comparison with our operational needs.

Physical Demands – Volunteers should be aware of the physically demanding nature of most library activities, which typically include repetitive hand motions, lifting items of various weights, and a significant amount of standing, walking, carrying, bending, stooping, and twisting motions.

Becoming a Volunteer

A limited number of volunteer assignments are available at a given time. As a result, not everyone who applies will immediately be selected for an assignment. Applicants not chosen for a current assignment may request their application be kept on file for consideration for any new assignments. The applications are good for a one year period.

How to apply – Applicants will complete and submit a completed volunteer packet. These forms can be picked up from the library or can be downloaded from the Library website.

Selection Process – Applicants will be selected based on their qualifications in relation to the library’s operational needs and on their ability to commit to a consistent schedule of volunteer hours. Applicants can expect to undergo a background check. The library maintains the right to deny a volunteer position to anyone it feels is unsuitable for any reason. The library or the volunteer may terminate the volunteer relationship at any time.

Minors – Volunteer applicants must be at least 14 years of age. Individuals under 18 years of age must have agreement from a parent or legal guardian. Exceptions to this age requirement may be made for volunteers for the Summer Reading Program (SRP) and other programs targeted to children.

Volunteer Coordinators Contact Information:

Heather A. Riech
Wasilla Public Library
500 N Crusey St
Wasilla AK 99654
Ph: 907.864.9175
email: hriech@cityofwasilla.gov

Audrey Roy
Wasilla Public Library
500 N. Crusey St.
Wasilla, AK 99654
Ph: 907.864.9182
Email: aroy@cityofwasilla.gov

WASILLA PUBLIC LIBRARY

500 N Crusey, Wasilla AK 99654
Volunteer Candidate Information

Please print all information clearly in ink. You must be at least 14 years old to volunteer.

Date _____

PERSONAL INFORMATION

Date of Birth _____

Name _____

Mailing Address _____

Telephone _____ Email address (optional) _____

Expected length of commitment:

3 months 6 to 12 months More than 12 months

Days/hours available to volunteer _____

Applicant's printed name _____

Applicant's signature _____



VOLUNTEER INTERESTS

Please tell us why you are interested in giving your time, energy, and skills to Wasilla Public Library as a volunteer.

What are your special interests, hobbies, and skills? _____

EMERGENCY CONTACT INFORMATION

Person to contact in case of emergency _____ Phone _____

PARENT/GUARDIAN CONSENT

I give permission for the above minor to volunteer at Wasilla Public Library.

If you need to reach me, my phone number is _____

Parent/Guardian signature _____

I understand that either Wasilla Public Library or I may terminate this volunteer relationship at any time. I hereby give permission to Wasilla Public Library to obtain a police background check and to request and check my references. 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 if I am accepted into the WPL Volunteer Program, any false statement may result in my dismissal from the program.

**THE CITY OF WASILLA
HUMAN RESOURCES DEPARTMENT**



290 E. Herning Ave.
Wasilla, AK 99654
Phone: (907) 373-9035
Website: *cityofwasilla.gov*

VOLUNTEER SERVICE AGREEMENT

This Agreement is entered between the City of Wasilla, _____ Department,
Library _____ Divison and _____ (Volunteer).

WHEREAS, the Volunteer desires to participate as an unpaid worker, alongside but not displacing City employees, as follows:

1. Volunteer Contact Information:			
Last Name, First Name, Initial:		Telephone No.	Email Address:
Mailing address:	City:	State:	Zip Code:
Emergency Contact Information:			
Last Name, First Name, Initial:		Telephone No.	Email Address:
Mailing address:	City:	State:	Zip Code:
***If the Volunteer is a minor under the age of 18, provide the Volunteer's Age at time of service: <input type="text"/>			
Please ensure the scheduled days/times of volunteer service as well as types of duties are included in the description of duties below. Finally you must acknowledge the terms of this agreement and indicate agreement by signing below (and your parent/guardian, if applicable) before the agreement can be approved by the City of Wasilla, Human Resources Department.			

2. Program Description & Dates of Volunteer Service		From:	To:
Program Name:	Department: Library		
Location: 500 N Crusey St	City: Wasilla	State: AK	Zip Code: 99654
Description of Duties Volunteer will be performing: Duties can included: Shelving books, cleaning and dusting the shelves, and shelf reading.			

3. Transportation:	
Will Volunteer be traveling in a <u>City-Owned vehicle</u> ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Dear Future Volunteer: The City of Wasilla will provide orientation and training for the duties, tools, and equipment assigned to you to perform the above tasks. Proper safety procedures will be practiced without exception. The Department you are assigned to will also provide suitable supervision and assistance to you in the interest of providing an effective public service and to enhance your job satisfaction.

**WHEREAS, the City desires to allow the Volunteer to participate in said Program,
NOW, THEREFORE, the parties agree as follows:**

The Volunteer agrees to participate without compensation for duties in the Program under the direct supervision of City employee _____ (Supervisor).

- I am a representative of the City of Wasilla and may be perceived as a City employee by the public. I understand the importance that I must adhere to all the trained policies and vehicle operations (when applicable) within the department I am supporting.
- I acknowledge in the event of an injury while performing assigned duties, my medical expenses, in excess of existing personal medical insurance, will not be covered by Workers' compensation, and I will be responsible for my own medical expenses for any injuries I incur while performing all volunteer services for the City of Wasilla.
- I understand that I must follow the supervision and direction of any personnel, employee, or designee to which I may be assigned to perform services, and to participate in any training required by the city to perform the voluntary services.
- I hereby volunteer my service as described above to assist the City of Wasilla in its authorized work.
- I have read and understand the above job duties and I agree to work within the scope of those tasks which may be assigned to me by my supervisor.
- I understand that the City does not provide property insurance coverage for loss or physical damage to any personal property used while performing volunteer duties.
- I understand that as a party to this agreement that I or City of Wasilla may cancel this agreement at any time by notifying the other party.

_____(initial). I hereby grant the City of Wasilla permission to perform any necessary background checks, including but not limited to the following:

1. Motor vehicle Records
2. Criminal Records

By initialing above and signing this agreement, I hereby authorize and consent to the City of Wasilla conducting such investigations and obtaining the required reports. I release the City of Wasilla, its respective agents, directors, officers, and employees from any and all liability related to such background investigation and/or the use of the results of such background investigations in making decisions regarding approved volunteer activities.

_____(initial). I hereby grant the City of Wasilla permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the City of Wasilla and will not be returned. I am eighteen (18) years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

IMPORTANT NOTICE: This Agreement is in effect once it is signed by the volunteer, parent/legal guardian (if applicable), Supervisor and approved by a City of Wasilla, Human Resources Department staff member.

The Volunteer acknowledges he/she has read this Agreement, understands it, and agrees to be bound by its terms.	
Volunteer Signature:	Date:
Volunteers under the age of 18 must have this form signed by a parent or legal guardian	
I affirm that I am the <input type="checkbox"/> parent or the <input type="checkbox"/> legal guardian of the above-named minor.	Date:
Parent/Legal Guardian Signature:	
Parent/Legal Guardian Home/Cell Phone No.	
Supervisor Signature:	Date:
Title:	
Human Resources Signature:	Date:
Title:	

Distribution: Human Resources Department – Email Copy; Department Supervisor – Copy; Volunteer (and Parent/Guardian, if applicable) – Copy