



24 N. Reading Ave.
Boyertown, PA 19512
boyertowncl@berks.lib.pa.us
610-369-0496

Volunteer/Community Service Policy

Statement of Purpose

The Boyertown Community Library will use the services of volunteers/community service to supplement the efforts of paid staff in meeting demands for quality public service. They are not to replace the work done by the library staff. Volunteers are expected to act in accordance with the library policies and to reflect positive customer service attitudes to all library patrons.

Definitions

Volunteer – A “volunteer” is defined as a person who, of their own volition provides services to the Boyertown Community Library without compensation.

Community Service – “Community service” is defined as volunteerism that is mandated or required by another entity (such as, but not limited to, court-ordered community service, home school requirements, honor society requirements, etc.)

For reference throughout this policy, both community service members and volunteers will be referred to as volunteers.

How to Become a Volunteer

- All volunteers are required to fill out a Volunteer/Community Service Application form.
- All volunteers must read, sign, and abide by the Boyertown Community Library Harassment Policy.
- The Director will review the completed application form.
- Volunteers are selected based on their qualifications in relation to the needs of the library at any given time.
- Volunteers age 18 and older must provide a criminal background check and child abuse clearance if they are to be in direct contact with children, in accordance with Pennsylvania state law. If a volunteer has lived outside of Pennsylvania within the last 10 years, an FBI background check is also required. If not selected, the application will be kept on file for six months.
- Volunteers must be at least **14 years old**. If under age 18, they must have the application signed by a parent or legal guardian.
- Acceptance of an application is at the library’s discretion. The library can refuse volunteers for any reason.

Supervision

Volunteers at the Boyertown Community Library are considered to be under staff supervision. Supervision will be provided by all BCL staff on duty.

Those who are required to do community service hours for specific groups or agencies must keep track of their own hours. It is the responsibility of the volunteer to sign in and out during their shift. A letter from the Director or designee on library letterhead will be furnished with the completed hours only at the volunteer's request.

Volunteers are ambassadors for the library and must present a positive image to the public. The volunteer must adhere to library policies.

Dismissal

The library staff reserves the right to dismiss a volunteer at any time for any reason.

Approved 9 November 2016

Reviewed 25 July 2018

Updated 18 November 2019

Reviewed and amended 26 October 2021



Volunteer/Community Service Application

According to PA State Law, volunteers ages 18 and older, who work directly with or interact with children must provide a criminal background, child abuse clearances and FBI finger print clearance (if lived outside of PA within 10 years).

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NAME:

ADDRESS:

CITY/ZIP:

HOME PHONE:

EMAIL:

WORK PHONE:

EMERGENCY CONTACT & PHONE:

OCCUPATION:

EMPLOYER:

(Volunteers between 14 & 17 years of age and their parents must also read and sign page 2 of this form.)

Please mark the tasks that you are interested in:

- | | | |
|-------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Event Outreach | <input type="checkbox"/> Special projects |
| <input type="checkbox"/> Craft Preparation | <input type="checkbox"/> Summer Reading Program | <input type="checkbox"/> Handyman/woman Projects |
| <input type="checkbox"/> Programming Assistance | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Other _____ |

Are you required to perform service hours for an agency, school club or other organization?

Agency: _____

Contact name: _____

Phone: _____

Number of hours required : _____

Completion Date: _____

What special skills, interests, or training do you have?

Please describe any particular goals or expectations that you have regarding volunteering at the library:

When are you available to volunteer? Please check all that apply:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------------------------|----------------------------------|----------------------------------|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 10 – 12 | <input type="checkbox"/> 10 – 12 | <input type="checkbox"/> 10 – 12 | <input type="checkbox"/> 10– 12 | <input type="checkbox"/> 10 – 12 | <input type="checkbox"/> 10 – 12 |
| <input type="checkbox"/> 12 – 2 | <input type="checkbox"/> 12 – 2 | <input type="checkbox"/> 12 – 2 | <input type="checkbox"/> 12 – 2 | <input type="checkbox"/> 12 – 2 | <input type="checkbox"/> 12 – 2 |
| <input type="checkbox"/> 2 – 4 | <input type="checkbox"/> 2 – 4 | <input type="checkbox"/> 2 – 4 | <input type="checkbox"/> 2 – 4 | <input type="checkbox"/> 3 – 5 | <input type="checkbox"/> 3– 5 |
| <input type="checkbox"/> 4 – 6 | <input type="checkbox"/> 4 – 6 | <input type="checkbox"/> 4 – 6 | <input type="checkbox"/> 3 - 5 | | |
| <input type="checkbox"/> 6 – 8 | <input type="checkbox"/> 6 – 8 | <input type="checkbox"/> 6 – 8 | | | |

I understand that my volunteer work is an important commitment to the Library. When I cannot work at the assigned time, I will notify the Library as soon as possible so that a substitute may be called.

Signature _____ Date _____

Additional Information for 14 to 17 year old Volunteers

- You must be at least 14 years old to volunteer at the Boyertown Community Library.
- You must be able to get to the Library and home again at your scheduled time.

I have read this additional information for Youth Volunteers and will fulfill my commitment faithfully. When I cannot work at my assigned time, I will notify the library. When I no longer want to volunteer, I will contact the Director.

Volunteer Signature _____ Date _____

Parent Signature _____ Date _____

Are there any health considerations for this Youth Volunteer that we should know about?

(For Library use only)

Interview Date _____ Interviewer _____ Orientation _____ Training _____

Assigned day and time

Start date

add to schedule

training _____

Notes:

