



# Volunteer Policy

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The Fleetwood Area Public Library (FAPL) shall 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.

- Volunteers must complete the Volunteer Application Form.
- Volunteers must be at least 14 years old and have their own transportation arrangements to and from the library.
- Volunteers between the ages of 14-17 must complete the application form and have signed parental consent in order to volunteer at the library and library-sponsored events.
- Volunteers are scheduled for specific times based on the needs of the library. If a volunteer is unable to keep his/her scheduled shift, they are to call the library in advance so we may make other arrangements for that time frame. If a volunteer is consistently absent without notifying the library, the library reserves the right to assign another volunteer those service hours.
- Due to the confidentiality of patron records that the Library must uphold, volunteers may not use staff computers for any reason.
- Volunteers are not permitted to be behind the circulation desk .
- Volunteers are not permitted to accept any form of payment from patrons for library fines or other fees under any circumstances. Only library staff may accept payments as noted in the Personnel Policy.
- Volunteers ages 18 and older will need to submit their Pennsylvania State Police Criminal Background Check, Pennsylvania Child Abuse Clearances, and a fingerprint based federal criminal history (FBI) clearance with an effective date of the past 36 months. If the volunteer has lived in the state of Pennsylvania continuously for the past 10 years they may fill out the affidavit affirming so in lieu of completing the FBI fingerprint clearance. If for any reason the Background Check or Child Abuse Clearance lists a prior record of charges, the individual will not be able to volunteer at the Fleetwood Area Public Library. This includes

serving as a Fleetwood Area Public Library Trustee or volunteering with the Friends of the Fleetwood Area Public Library.

- All volunteers 18 and over will be required to obtain clearances every 60 months. The Library Director will keep track of all clearances and notify volunteers at the beginning of each calendar year if they will be required to renew any clearances for the upcoming year.
- The library reserves the right to dismiss a volunteer at any time, for any reason.

### **Court Ordered Community Service Requests:**

Requests by offenders needing to perform court-ordered community service must be submitted in writing for approval by the Board of Trustees at its regularly scheduled meeting **unless under 20 hours total needed**. The request must include: the reason for court-ordered community service, the number of hours needed, and any deadline by which the hours of service must be completed. Upon Board approval, the Library Director will contact the individual to schedule the hours based upon the library's need. The library **will not** accept individuals who have been charged with a felony including but not limited to the following:

- Theft of any kind, including larceny, embezzlement, shoplifting, etc.
- Violence of any kind
- Illegal drug charges of any kind
- Sexual charges of any nature including indecent exposure, etc.
- Harassment
- Fraud
- Any crimes against children.

Once the Board of Trustees has approved the request:

- Hours must be scheduled according to the Library Director's availability.
- Community Service volunteers must be supervised by the Library Director at all times.
- Community Service volunteers must call 24 hours in advance to reschedule their hours. Those who do not show up and do not call in advance will not be able to complete their service at the library.
- The Library Director reserves the right to cancel the community service agreement at any point at his/her discretion.

**Approved November 18, 2014**

**Revised and Approved March 21st , 2017**

**Revised and Approved January 15th, 2019**

**Revised and Approved March 21st, 2023**



DRIVING FLEETWOOD FORWARD.

# Volunteer Application

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact (Name & Phone Number): \_\_\_\_\_  
Occupation: \_\_\_\_\_

Please mark the tasks you are interested in:

Shelving                       Substitute Storyteller                       Teach computer classes  
 Assisting at external library events (carnivals, etc.)                       Assisting with children's programs

Are you required to perform service hours for another agency or organization? If so, please provide the agency's name, contact person, and phone number. Indicate the number of hours required and completion date:

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

To best meet your needs, please describe any goals or expectations you have regarding volunteering at the Fleetwood Area Public Library:

\_\_\_\_\_

When are you available to volunteer (please circle all times that apply):

Mornings (9am-12pm)

Afternoons (12pm-4pm)

Evenings (4pm-7pm)



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# Juvenile Volunteers

## Additional Information for 14-17 year old volunteers

- You must be at least 14 years old to volunteer at the Fleetwood Area Public Library
- You must be able to get to the Library and home again at your scheduled time.
- I understand volunteer work is an important commitment to the Library. When I cannot work at the assigned time, I will notify the Library by phone as soon as possible so that a substitute may be called.

I have read this additional information for Youth Services Volunteers and will fulfill my commitment faithfully. When I no longer want to volunteer, I will contact the Director.

Date of Birth: \_\_\_\_\_

Volunteer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are there any health considerations for this Youth Volunteer we should be aware of?

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