

Stevens Memorial Library 20 Memorial Drive Ashburnham, MA 01430 P: (978) 827-4115 F: (978) 827-4116

library@ashburnham-ma.gov

VOLUNTEER POLICY

GENERAL POLICY:

Volunteers provide important support to Stevens Memorial Library staff and perform a wide variety of tasks that are critical to the mission of the Library. Volunteers supplement, but do not replace the work done by employees. They may perform a wide variety of duties, a range limited largely by the talents and interests of the volunteers themselves and by where the library can make productive use of their assistance.

DEFINITIONS:

A Stevens Memorial Library volunteer performs a service of his or her own free will, contributing time, energy, and talents directly or on behalf of the Library. Volunteers receive no financial compensation, and must be accepted and enrolled by the Library prior to performance of assigned tasks. There are three basic categories of volunteer:

- a) VOLUNTEER: Any individual, sixteen (16) years or older, who assists with work done at the Stevens Memorial Library, without remuneration.
- b) STUDENT INTERN: Any middle school, high school, college student, or organization (like Boy or Girl Scouts) working on advanced awards, who performs volunteer work, without remuneration, as part of an authorized school or organizational program to earn academic credit or merit awards. All student interns require the permission of a parent or guardian to volunteer.
- c) COMMUNITY SERVICE: Persons who seek volunteer assignments at the Stevens Memorial Library to meet a requirement set by an outside agency for the performance of community service shall be subject to the volunteer selection process and all other provisions of this policy.

RESTRICTIONS:

- a) The Fair Labor Standards Act (FLSA) does not permit an individual to perform hours of volunteer service for a public agency when such hours involve the same type of services which the individual is employed to perform for the same public agency.
- b) Outside organized non-profit groups who volunteer to carry out a specific project at the library have the burden of complying with federal and state labor laws. For example, if a Boy Scout troop asks to paint the Library's activity room as part of a badge project, the Boy Scout organization would be responsible for complying with child labor laws for that volunteer project.

APPLICATION / **APPOINTMENT:** Prior to engaging in any volunteer activity, each volunteer will be required to submit a Library volunteer application form and speak with a supervisory staff member. Upon approval of the Library Director or supervisory staff, the volunteer may be scheduled for training and work



Stevens Memorial Library 20 Memorial Drive Ashburnham, MA 01430 P: (978) 827-4115

F: (978) 827-4116 library@ashburnham-ma.gov

assignments. Each individual who participates in this volunteer program agrees and acknowledges that s/he is not an employee of the Stevens Memorial Library or the Town of Ashburnham. Each individual who participates in this volunteer program shall sign a document releasing the Library and the Town from liability for injuries sustained by him/her.

- 1. BACKGROUND CHECKS: As part of the appointment process, the Library may investigate an applicant's work and personal history, which may, depending upon a prospective volunteer's assignment, include a Criminal Offender Record Inquiry (CORI) and/or a Sex Offender Registry Information (SORI) check.
- 2. VACANCIES: Volunteers are selected based on their qualifications in relation to the needs of the library at any given time and their reliability. Unsolicited volunteer applications are generally considered to determine if a vacancy exists that matches the skills of the applicant. If there are no suitable volunteer opportunities, application forms will be kept on file for a period of one year. Applicants will be contacted if a project is identified that matches their interests or qualifications.
- 3. SUPERVISION: Volunteers work directly with library staff members to receive training and complete projects. All volunteers will be assigned one primary staff member to guide them in their work, however other staff may offer guidance to any of the volunteers.
- 4. HOURS OF SERVICE: All volunteer work must be completed within normal library hours unless an exception has been made by the Library Director. Hours of volunteer service are at the mutual convenience of the volunteer and supervisory staff member. Because supervisory staff often take steps to prepare meaningful volunteer assignments, volunteers are asked to give reasonable notice if they are unable to report to work for the agreed upon schedule.
- 5. UNAVAILABLE INSURANCE: Neither the Town of Ashburnham nor the Stevens Memorial Library will provide any medical, health, accident, or worker's compensation benefits for any volunteer; volunteers will not be eligible to receive any worker's compensation benefits for any injuries sustained while functioning as a volunteer.
- 6. PUBLIC SERVICE: While Library volunteers typically have limited public service exposure, they are expected to act in accordance with library policies and to reflect positive customer service attitudes to all library patrons.
- 7. CONFIDENTIALITY: Librarians' professional ethics require that personally identifiable information about library users be kept confidential. While Library volunteers typically have limited exposure to library records, they are expected to respect the confidentiality of library users.
- 8. TERMINATION: Nothing in this policy shall be deemed to create a contract between the volunteer or intern and the Stevens Memorial Library or Town of Ashburnham. Both the volunteer and the Stevens Memorial Library have the right to terminate the volunteer's association with the Library at any time, for any reason, with or without cause.

Stevens Memorial Library Volunteer Application

| Volunteer Contact Information | | | | | |
|--|-------------------------|------------------|-------|---------|--|
| N | | | | | |
| Name | | | | | |
| Street Address | | | | | |
| City, State, and ZIP Code | | | | | |
| Home Phone | | | | | |
| Work Phone | | | | | |
| E-Mail Address | | | | | |
| Best way to contact you? | | | | | |
| Age (circle one) | 0-11 | 12-17 | 18-59 | 60+ | |
| | | | | | |
| Person to Notify in Ca | se of Emergency | | | | |
| | | | | | |
| Name | | | | | |
| Street Address | | | | | |
| City, State, and ZIP Code | | | | | |
| Home Phone | | | | | |
| Work Phone | | | | | |
| | | | | | |
| | | | | | |
| Availability | | | | | |
| During which hours are you | ı available for volunte | eer assignments? | | | |
| | | - | | | |
| Monday | Time: | | | | |
| Tuesday | Time: | | | | |
| Wednesday | Time: | | | | |
| Thursday | Time: | | | | |
| Friday | Time: | | | | |
| Saturday | Time: | | | | |
| | | | | | |
| Commitment of Hours | 5 | | | | |
| I would like to volunteer on an ongoing basis at hours per week. | | | | | |
| I would like to volunteer until (date) at hours per week. | | | | | |
| I would like to volunteer for hours total to fill a community service requirement. | | | | | |
| (If you need community se | | | | RI form | |
| has to be filled out and that it can take several weeks for it to be processed.) | | | | | |

| Sample Volunteer Tasks | | | | |
|---|---|--|--|--|
| Tell us in which areas you are interested in volunteering. We will try to match volunteers with their interests if volunteer projects are available in that area at the time. | | | | |
| Cleaning | Dusting book stacksCleaning DVDsCleaning computers/work areas | | | |
| Shelving | Putting books and other collections away on the shelves | | | |
| Shelf-reading | Putting books in order Straightening the shelves Alphabetizing collections | | | |
| Shifting | Shifting collections to make more room (requires lifting) | | | |
| Sorting for book sales | Sorting donations for the Friends of the Library book sales Other work for the Friends of the Stevens Memorial Library | | | |
| Special Skills or Qualif | ications | | | |
| Special Skills or Qualifications Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. | | | | |
| | | | | |
| Previous Volunteer Ex | perience | | | |
| Summarize your previous vo | | | | |
| | | | | |
| | | | | |
| Other Information | | | | |
| Is there any other information you would like us to know about you? | | | | |
| | | | | |

CORI (Criminal Offender Record Information) Request

The Stevens Memorial Library is requesting all the available criminal offender record information (CORI) on the following individual from the Department of Criminal Justice Information Services pursuant to Chapter 6, 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

Agreement and Signature

By submitting this application, I attest 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. The signature below constitutes affirmation that I have read the Volunteer Policy, as well as consent for the Stevens Memorial Library to conduct a CORI check.

| Volunteer Signature | Date | |
|--------------------------------|------|--|
| Parent/Guardian Signature | Date | |
| Parent/Guardian Name (printed) | | |

* Please fill out the attached CORI form and include a photocopy of your driver's license or passport.

Please Return This Form To:

Emily Donnelly Stevens Memorial Library 20 Memorial Dr. Ashburnham, MA 01430

When Do I Start?

Thank you for completing this application form and for your interest in volunteering with us. Once we verify your application, we will contact you regarding current opportunities available at the Stevens Memorial Library. Please take into account that the CORI form can take several weeks to be processed. After the CORI check is complete, we will schedule a time to interview you to discuss the available projects and to set a schedule.

Criminal Offender Records Information (CORI) Policy

In order to promote security for Library patrons, especially children, the elderly and the disabled, all volunteers aged 18 and over will undergo a Criminal Offender Records Information (CORI) check. Authority for this check is given to the Stevens Memorial Library under M.G.L. Chapter 6, §172H. This is a final check in the volunteer screening process.

Volunteers must complete the request form acknowledging that a CORI check will be conducted by the Department of Criminal Justice Information Services (DCJIS), an agency of the Commonwealth of Massachusetts. Access to CORI is limited to the Library Director and the Town official performing the request.

A volunteer's CORI record will not be disseminated to any other person or agency. CORI records are not part of the public record, and will be kept in a secure location separate from other files, and may be retained for not more than three years. Only one copy of an individual's CORI will be kept in the file at any time. Superseded copies will be shredded.

Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. If a criminal record is received from DCJIS, the authorized individual will ensure that the record relates to the applicant. If the Stevens Memorial Library is inclined to make an adverse decision based on the results of the CORI check, the applicant will be notified immediately. The applicant shall be provided with a copy of the criminal record and the Stevens Memorial Library CORI policy, advised of the part(s) of the record that make the individual unsuitable for the position, and given an opportunity to dispute the accuracy and relevance of the CORI record. Applicants challenging the accuracy of the policy shall be provided a copy of DCJIS's *Information Concerning the Process in Correcting a Criminal Record*.

If the Stevens Memorial Library reasonably believes the record belongs to the applicant and is accurate, the determination of suitability for the position will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to the following:

- (a) Relevance of the crime to the position sought;
- (b) The nature of the work to be performed;
- (c) Time since the conviction;
- (d) Age of the candidate at the time of the offense;
- (e) Seriousness and specific circumstances of the offense;
- (f) The number of offenses;
- (g) Whether the applicant has pending charges;
- (h) Any relevant evidence of rehabilitation or lack thereof;
- (i) Any other relevant information, including information submitted by the candidate or requested by the hiring authority

The Stevens Memorial Library will notify the applicant of the decision and the basis of the decision in a timely manner.

Modeled after the Department of Criminal Justice Information Services "Model CORI Policy". This packet was based on the volunteer packet of the Tewksbury Public Library. Used with their permission.

CHAPTER 6, § 172H CORI REQUEST FORM

Stevens Memorial Library is requesting all the available criminal offender record information (CORI) on the following individual from the Department of Criminal Justice Information Services (DCJIS) pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

| | * (An asterisk * denotes requ | N (PLEASE PRINT) pired information) | |
|---|---|--|--|
| *LAST NAME | *FIRST NAME | *MIDDLE NAME | |
| *MAIDEN NAME or oby which you have been | | *PLACE OF BIRTH | |
| *DATE OF BIRTH | ** Last 6 digits of SOCIAL SECURITY NUMBER (Required by the State of MA) | ID Theft Index PIN (if applicable) | |
| *MOTHER'S FULL M *CURRENT AND FO | | FATHER'S FULL NAME | |
| *SEX: *HEIC | GHT:ftin. *WEIGHT: | *EYE COLOR: | |
| | CENSE NUMBER:(INCLUD ATION WAS VERIFIED WITH TO BUED PHOTOGRAPHIC IDENT | | |
| | | ame of Verifying Employee/Signature of erifying Employee | |
| REQUESTED BY: _ | SIGNATURE OF CORI AUTH | ORIZED EMPLOYEE | |

The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include the information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax at 617-660-4614.