Meridian-Lauderdale County Public Library

The Board of Trustees of the Meridian-Lauderdale County Public Library encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Volunteers age 14-17 will be assigned to the Children's or Teen Department for special assignments.

Thank you for your interest in assisting the library.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Employer: _____ Position: _____

Under 18?

Yes ☐
No ☐

Any special talents or skills you have that you feel would benefit the library:

Depending on the time of year, various volunteer opportunities exist in the library. Please check the possibilities that interest you:

- ☐ **Circulation** (Shelving materials, shelf-reading, other special projects)
- ☐ **Youth/Teen Services** (Weekly shelvers, photocopying, shelf-reading, Summer Reading Program, craft preparation, etc.)
- ☐ **Programming** (assist with various one-time library programs/events, movie monitor)

Please indicate the days you are available:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Times: From _____ To _____

Any physical limitations or allergies? _____

In case of emergency contact: _____ Phone # _____

Have you ever been convicted of a felony or a crime involving a minor? _____

If yes, please explain:

Volunteer Agreement and Acknowledgment

I acknowledge that I am serving as a volunteer for the Meridian-Lauderdale County Public Library ("Library") and understand that volunteers are not employees of the Library. I understand that volunteer service is unpaid and does not entitle me to compensation, benefits, workers' compensation coverage, or future employment opportunities.

I agree to follow all Library policies, procedures, safety requirements, and staff instructions while participating in volunteer activities. I understand that failure to comply with Library policies or standards of conduct may result in the termination of my volunteer service.

Release of Liability

I understand that participation in volunteer activities involves certain risks. I voluntarily assume all risks associated with my participation and release, waive, and hold harmless the Meridian-Lauderdale County Public Library, its Board of Trustees, employees, agents, and representatives from any claims, demands, damages, injuries, losses, or liabilities arising from my volunteer service, except where prohibited by law.

I understand that the Library does not provide insurance coverage for volunteers and that I am responsible for my own medical, health, vehicle, and personal property insurance.

If I choose to use my personal vehicle in connection with volunteer activities, I understand that such use is at my own risk and expense and is not covered by any insurance maintained by the Library.

Confidentiality Statement:

I understand that during my volunteer service I may become aware of confidential information concerning Library patrons, records, operations, staff, or internal matters. I agree not to disclose, share, copy, or misuse any confidential information obtained through my volunteer service, both during and after my volunteer service has ended.

I understand that failure to maintain confidentiality may result in immediate termination of volunteer service and may subject me to applicable legal consequences.

Photo and Media Release

I grant permission to the Meridian-Lauderdale County Public Library to photograph, videotape, or otherwise record my participation in Library activities. I authorize the Library to use such photographs, video recordings, or other media for lawful promotional, educational, informational, or publicity purposes, including but not limited to publications, social media, websites, newsletters, and other Library communications.

I understand that no compensation will be provided for the use of such images or recordings.

☐ I do not grant permission for photographs or recordings of me to be used by the Library.

Acknowledgment

I have read and understand this Volunteer Agreement and Acknowledgment. I agree to comply with all Library policies and requirements and understand that volunteer service may be terminated at any time by the Library or by me.

Volunteer Signature: _____ Date: _____

Parental Signature: _____ Date: _____

(If the volunteer is under 18, a parent/guardian signature is required)

For Staff Use Only:

Date received: _____ Date processed: _____ Action Taken: _____ Initials: _____

Meridian-Lauderdale County Public Library
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