

Volunteer Policy

The Ventress Memorial Library Volunteer Program is designed to expand and enhance public service to the community. Volunteers generally provide support services to paid staff and work on special projects. Volunteers are expected to act in accordance with library policies and to reflect positive customer service attitudes to all library patrons.

Selection of Volunteers

Volunteers are selected based on their qualifications in relation to the needs of the library at any given time, and based on their ability to commit to a consistent schedule of volunteer hours. A typical volunteer shift is two hours, but may be shorter or longer depending upon the assignment.

Prospective volunteers 18 and older are requested to submit a Volunteer Application Form. Applicants ages 12-17 should submit a Young Adult Application Form. Please submit all application materials to the Library Director.

Please Note: The library cannot accept "drop in" volunteers. Volunteering requires a consistent schedule, training, and preparation of assignment. Appropriate dress is required when volunteering.

Responsibilities and Training

The library depends on its volunteers for a wide variety of tasks. We ask that volunteers be reliable in their commitment to the library and notify the library in advance if they are unable to work their regularly scheduled shift. In turn, volunteers will be notified immediately on any given day when the library opens late or closes early for any reason.

In order that the library may keep an accurate record of volunteer hours, volunteers are required to sign in on the library's Volunteer Time Sheet each day.

Volunteers will receive specific training in their assigned duties. All reasonable care will be taken to ensure the safety of volunteers and to make sure the volunteer feels comfortable in their assignment.

CORI Requirement

In order to promote security for library patrons, prior to beginning as a volunteer, all applicants over the age of 18, except for those in the Senior Property Tax program, are required to undergo a Criminal Offender Records Information (CORI) check as a final step in the volunteer screening process. In order to complete this process, applicants must bring a driver's license or a passport to the library where they will be provided with a copy of the Ventress Memorial Library CORI Policy and a CORI acknowledgement form to fill out.

Ventress Memorial Library Volunteer Application

Volunteer Contact Information

Name:

Address:

Phone:

Email Address:

Best way to contact you? Phone Call Email

Emergency Contact Information

Name:

Address:

Phone:

Relationship to Volunteer:

Availability

During which hours are you available for volunteer assignments? (Note: There is a minimum requirement of 1 hour per volunteer shift.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Since the library relies on volunteers, once a schedule is agreed upon, volunteers are expected to notify the library if they are unable to work their scheduled shift.

Commitment of Hours

- 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 just like to volunteer occasionally when extra help is needed.

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 stacks
- Shelving -- Putting books and other collections away on the shelves
- Shelf-reading -- Putting books in order, alphabetizing. Straightening the shelves
- Craft preparation -- Preparing crafts for children
- Outside work -- Weeding, raking, landscaping

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.

Other Information

Is there any other information you would like us to know about you?

About CORI

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read and understand the terms of the library's Volunteer Policy.

Name (printed): Date:

Signature _____

When Do I Start?

Thank you for completing this application form and for your interest in volunteering with us. Once we verify your application, a volunteer coordinator will contact you regarding current opportunities available at the Ventress Memorial Library.

Please complete and return this application to:

Cyndee Marcoux, Ventress Memorial Library 15 Library Plaza Marshfield, MA 02050
cmarcoux@marshfield.ocln.org



Town of Marshfield

Board of Selectmen
870 Moraine Street
Marshfield, Massachusetts 02050
Tel: 781-834-5563 Fax: 781-834-5527

CONSENT TO RELEASE PERSONNEL AND OTHER RECORDS

Date _____

I _____, Born at _____

On _____,

Having filed an application with the Town of Marshfield, I consent to having an investigation made as to my moral character, and reputation which may be received and reported to the appointing authority. I further agree to give the Town or its agents any further information which may be required in reference to my past record. I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish the Town of its agents any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit any of its agents or representatives to inspect and make copies of such documents, records or other information.

I hereby release, discharge, and exonerate the Town of Marshfield, its agents and representatives, and any person so furnishing information to the Town, from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records, and other information or the investigations made by on behalf of the Town of Marshfield. This authority shall continue until revoked or in writing by the undersigned.

Signature: _____

Address: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

