

Parker Memorial Library
VOLUNTEER POLICY

A volunteer is anyone, 12 years or older, who assists on regular basis with the activities of the *Parker Memorial Library* without financial compensation. The Library Director may make exceptions to the age requirement.

Volunteers over the age of 18 must be a resident of the Commonwealth of Massachusetts.

Volunteers under the age of 18 must have the permission of their parent or legal guardian.

A student intern is any student who performs volunteer work as part of a school program for academic credit.

Volunteers working for the *Friends of the Parker Memorial Library* are volunteering for the *Friends*—and not the library. Nevertheless, the Library reserves the right to decline the services of any volunteer working for the *Friends of the Parker Memorial Library*.

The Library uses volunteers to supplement the efforts of the staff to provide quality service, to familiarize residents with the Library and its services, and to support Library fundraising activities.

Illustrative examples of volunteer work include:

Shelving books, process materials, helping to prepare for programs, and other special projects.

Nothing in this policy creates a contract between the volunteer or intern and the *Parker Memorial Library* or the Town of Dracut. Both the volunteer and the Library can terminate their association at any time, for any reason, without any cause being stated.

Prior to volunteering, applicants must meet with the Library Director or his/her designee and complete a volunteer application. Applicants, 18 and older, will be subject to a Massachusetts CORI (Criminal Offender Record Information) background check. All applications will be reviewed by the Library Director or his/her designee and may be declined without cause or statement of reason.

The *Parker Memorial Library* values the time and service of volunteers, because the functioning of the Library is enhanced by volunteers. It is necessary for a volunteer to call in advance if he or she cannot come at a scheduled time.

Volunteers must comply with all library policies and procedures especially those relating to the confidentiality of Library records. Bi-annually, volunteers, 18 and older, will be subject to a Massachusetts CORI background check.

Approved by the Board of Library Trustees on February 9, 2011

Parker Memorial Library
Volunteer Application (18 years and older)

CONTACT INFORMATION

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

IN CASE OF EMERGENCY

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

AVAILABILITY

During which days and hours are you available?

___ Monday ___ 9-12pm ___ 12-4pm ___ 4-8:30pm

___ Tuesday ___ 9-12pm ___ 12-4pm ___ 4-8:30pm

___ Wednesday ___ 9-12pm ___ 12-4pm ___ 4-8:30pm

___ Thursday ___ 9-12pm ___ 12-4pm ___ 4-8:30pm

___ Friday ___ 9-12pm ___ 12-4pm ___ 4-8:30pm

___ Saturday ___ 9-12pm ___ 12-4pm ___ 4-8:30pm

___ Sunday ___ 9-12pm ___ 12-4pm ___ 4-8:30pm

CORI (CRIMINAL OFFENDER RECORD INFORMATION) REQUEST

The Parker Memorial Library requires that any volunteer 18 years and older prior to volunteering will submit and satisfactorily pass a CORI (Criminal Offender Record Information) review. Under Chapter 6, 172H, an organization—engaged in providing activities or programs to children 18 years and or younger that accepts volunteers—must obtain a CORI prior to accepting a person as a volunteer.

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 EXPERIENCE

Summarize your previous volunteer experience.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm 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 consent for the *Parker Memorial Library* to conduct a CORI review.

Name (Print) _____

Signature _____

Date _____

Before any person can begin volunteering, a completed application packet must be received, and the CORI review must be completed. A volunteer application packet includes the following:

1. Signed volunteer application
2. Presentation of your driver's license or passport
3. A completed CORI form

Please return the completed application packet to:

**Library Director
Parker Memorial Library
28 Arlington Street
Dracut, MA 01826**

An applicant must complete a brief "Library Skills" test at the Library as well.

Parker Memorial Library
VOLUNTEER EVALUATION FORM

NAME: _____

EVALUATION PERIOD: _____

RATING SCALE:

1 = Needs Improvement

2 = Fair

3 = Good

4 = Very Good

5 = Excellent

N/A = Not Applicable

I. PROFESSIONALISM

_____ Understands the mission of the Parker Memorial Library.

_____ Understands and complies with the Patron Confidentiality Policy

_____ Relates well with staff and other patrons.

_____ Exhibits poise in handling difficult situations.

_____ Exhibits sincere interest and enthusiasm towards work.

II. RESPONSIBILITY

_____ Commits to scheduled shifts.

_____ Completes assignments in a timely fashion.

_____ Pays attention to detail.

_____ Demonstrates willingness to take on assignments.

III. EFFECTIVENESS

_____ Follows through on assignments.

_____ Asks questions when in doubt.

IV. COMMENTS

SIGNATURE OF REVIEWER: _____

DATE: _____

PARKER MEMORIAL LIBRARY

28 Arlington St., Dracut, MA 01826 (978) 454-5474 www.dracutlibrary.org

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CHAPTER 6, § 172H CORI REQUEST FORM

Parker Memorial Library is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board 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.

VOLUNTEER INFORMATION (PLEASE TYPE)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

_____-_____-_____
SOCIAL SECURITY NUMBER
(Requested but not required)

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*If an applicant has provided an Identity Theft PIN number on this form, please ONLY mail or fax forms with Identity Theft PIN numbers to DCJIS. All other CORI requests must be processed electronically through Web-CORI. Do not mail or fax other forms to DCJIS.