

VOLUNTEENS

Fayette County Memorial Library

Helping the Library | Serving the Community

Examples of Work

- Help prepare office supplies (make copies, sharpen pencils, etc.)
- Assist in children's and teen programming
- Read shelves
- Sort and shelve library materials
- General cleaning
- Assist during Summer Reading Programs (a separate duties list provided each summer)

Participation Guidelines

Volunteens is for teens ages 13-18. FCML does not accept court-ordered community service requests.

Hours

Volunteens may work up to two shifts a week. In August through May available shifts are Monday, Tuesday, and Thursday from 3:30 PM-5:00 PM. Shifts will vary during the summer.

Application

How to Join

Fill out the application and return to the Front Desk.

Applications are accepted year round.

Filling out an application does not guarantee acceptance to volunteer. Prior to being accepted, applicants must meet with the Volunteens coordinator. Applications will be kept on file for one year.

Fayette County Memorial Library326 Temple Avenue N Fayette205-932-6625www.fcml.org

Fayette County Memorial Library accepts teen volunteers to assist staff with a variety of tasks and activities throughout the Library.

Participation Guidelines

Volunteens is for teens ages 13-18. FCML does not accept court-ordered community service requests.

Application Process

All teens must fill out and return the attached Volunteens application. If your application is being considered, you will be contacted by the Volunteens coordinator. Prior to volunteering, all teens must meet with the Volunteen coordinator for a short interview. Filling out an application does not guarantee acceptance to the Volunteens program. Applications will be kept on file for one year.

Volunteer Opportunities

Volunteers may work up to two shifts a week. In August through May available shifts are Monday, Tuesday, and Thursday from 3:30 PM-5:00 PM. Shifts will vary during the summer.

Attendance

All volunteers are responsible for working any shift they have committed to and should provide 24 hours notice by phone or email if they cannot work their shift. Volunteers who fail to attend their volunteer hours without prior notice more than 2 times will no longer be permitted to volunteer for the Library.

Personal Conduct

Volunteers are asked to be courteous and considerate of others. If patrons ask for assistance, volunteers should direct them to a staff member. Volunteers are not permitted to use cell phones/ electronic devices during their scheduled hours. Volunteers are representatives of FCML and are expected to act in accordance with all Library guidelines, policies, and code of conduct. Volunteers who violate FCML's code of conduct will be removed from the Volunteens program.



Volunteens Application

Please print neatly.

| Date | | | | |
|---------------|-------------|-------|-------------|--|
| Full Name | | Pre | ferred Name | |
| Address | | | | |
| Date of Birth | Current Age | Grade | School | |
| Email | | | Cell Phone | |
| | | | | |

Please answer the following questions.

- 1. Are you involved in any extracurricular activities/sports, etc.? Please list them and when they meet?
- 2. What skills, knowledge, and experience do you have that may be useful to the Library?
- 3. Do you have any special interests or skills?

Availability

Please indicate the days and times you are available to volunteer. If you are unavailable on certain days of the week, please leave those blank.

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------|-----------|----------|--------|
| | | | | |
| | | | | |
| | | | | |

Recommendations

Please provide two personal references (teachers, coaches, counselors, religious leaders, etc.)

| Name | Email or Phone Number | Relationship | |
|------------------|-----------------------|--------------|--|
| | | | |
| | | | |
| Name | Email or Phone Number | Relationship | |
| | | | |
| | | | |
| Parental Consent | | | |
| Guardian Name | Relationship | | |
| Home Phone | Cell Phone | | |
| Email | | | |

I understand that my child wishes to be considered for volunteer work, and I, hereby, give my permission for them to serve in that capacity, if accepted by Fayette County Memorial Library. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to the Fayette County Memorial Library policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

I will contact Jessica Crowe if I have any concerns by emailing her at jessie@fcml.org or calling 205-932-6625.

Guardian's Signature _____

Applicant's Signature _____