

## Hibbing Public Library Volunteer Policy

The participants in the Hibbing Public Library's Volunteer Services Program contribute effort and other assets to provide quality library collections, services and programs. The program serves as a method for area residents to become familiar with the Library and creates opportunities for individuals to attain personal satisfaction while performing a valuable service for the community.

1. A volunteer is a person who performs tasks for the Hibbing Public Library without receipt or expectation of wages, benefits or compensation (including travel expenses) of any kind.
2. The City of Hibbing does not provide workers compensation coverage for volunteers unless required to by law. The City does not provide liability coverage to volunteers. Only the volunteer's own car insurance coverage will cover insurance claims.
3. All volunteers must have a current background check on file and be approved by the City of Hibbing's Human Resources department prior to volunteering in or on behalf of the library. All volunteers will fill out a Volunteer Application, which will be kept on file at the library.
4. Volunteers are recognized by the public as representatives of the Library and shall be guided by the same work and behavior standards as employees. Volunteers must comply with all city and library policies including, but not limited to, policies prohibiting firearms at work, respectful workplace policy and library rules of conduct. An orientation will be provided to review policies and ensure that volunteers agree to uphold city and library policies.
5. Volunteers supplement the work of the Library staff or perform tasks on behalf of the Library itself. Volunteers and Library Director will agree to a specific commitment of time and skills.
6. Confidentiality: participants in the Hibbing Public Library's Volunteer Services Program have an ethical obligation to respect the privacy of customers, staff, and affiliated entities and to protect and maintain the confidentiality of information learned about these parties in the course of providing services to them. Hibbing Public Library information should not be used by, disclosed to, or discussed with anyone except authorized Library management.
7. The Library Director may recommend suspension of any volunteering opportunity if it is no longer of benefit to library operations. This may occur, for example, if scheduling commitments are not followed or the volunteer is responsible for disruptive activity. The City Administrator and Human Resources Director will review such recommendations.
8. Minor children under the age of 14 may volunteer at the Hibbing Public Library only with the accompaniment and supervision of a parent and/or an adult. The parent and/or adult must have a current background check on file and approved by the City of Hibbing's Human Resources department prior to volunteering in the Library building or on behalf of the Library. Minor children 14 and older may volunteer with the permission of a parent or guardian.

# Hibbing Public Library Volunteer Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone number \_\_\_\_\_ Email address \_\_\_\_\_

Are you over 18 years of age (circle one)? Yes No If not, what is your date of birth? \_\_\_\_\_

## Skills and Preferences

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Describe what kind of volunteering you would like to do at the Hibbing Public Library and describe any relevant professional skills and volunteer experience.

What days of the week and times of the day are you available to volunteer? How many hours a week would you like to volunteer?

## Emergency Contact

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First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Education

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Enter relevant education details here

## City of Hibbing Employment

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Are you a current or past City of Hibbing employee? If so, what dates were you employed?

\_\_\_\_\_ to \_\_\_\_\_ Department: \_\_\_\_\_

# Hibbing Public Library Volunteer Application

## Your Rights as a Subject of Data

City of Hibbing provides equal access to volunteer opportunities without regard to race, color, creed, religion, age, gender (except when gender is a Bona Fide Occupational Qualification), disability, marital status, sexual orientation, public assistance or national origin. If you believe you have been discriminated against, contact the Human Resources Department, 401 East 21<sup>st</sup> Street, Hibbing, Minnesota, (218) 362-5932. In accordance with the Minnesota Government Data Practices Act, we are informing you of your rights as a subject of data. The data you give us about yourself is needed to identify you and assist in determining your suitability for the volunteer position(s) for which you are applying.

Age group data are used in summary form to monitor protected class employment and to meet federal, state, and local reporting requirements and affirmative action efforts. Date of birth is used for above noted data reporting purposes and minimum age-related assignments.

Age group information are optional. If you withhold other data we may not consider your volunteer application. If you do provide the data and you are subsequently selected as a volunteer, the data you have given us will become part of your volunteer record.

The data we collect about you is classified as either Public or Private. Public means that it is available to anyone who asks to see it. Private means that the data is only available to the person the information is about and to staff who must see it in the normal course of conducting city business, and as otherwise provided for by current or future law. Data collected on, or in response to, this volunteer application that is classified Private may be shared with city personnel who determine your suitability and ranking for the position(s) for which you apply.

The following data which City of Hibbing collects on you as an applicant are public: Name and Position Title

“I understand it is in my best interest to thoroughly list all training and experience. All statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. My misrepresentation or falsification of information or material omissions may result in rejection of my current applications submitted or subsequent dismissal from volunteer service if discovered at a later date. Falsification or omission may also result in my not being considered for future volunteer service opportunities.

My submission of this application is my consent for City of Hibbing and its agents to conduct all necessary checks needed to meet the requirements for this position and my agreement to supply all required information. Final offers of volunteer service will be conditional pending results of reference checks and criminal conviction/background check as applicable to position. My failure to provide information will disqualify me as an applicant for this volunteering opportunity. “

Sign and date below to show that you have read and understand the above information.

\_\_\_\_\_ Date \_\_\_\_\_