

## NEW VOLUNTEEN

March 2019

Dear Teen,

Planning to hang out at the library this summer? Are you between the ages of 12 and 17? Why not gain valuable, resume-building experience and community service hours while you're at it?

You're invited to become a **VolunTeen** at the **South High Branch** of the Columbus Metropolitan Library to help with the Summer Reading Challenge!

**What does a VolunTeen do?** As a VolunTeen, you'll be trained to manage many tasks, but your primary responsibility will be to promote the Summer Reading Challenge and help children, teens, and adults register for the program. You will also pass out incentives to SRC participants, assist with programs, and help staff with summer lunch, snack, and circulation and youth services tasks.

**Why be a VolunTeen?** For starters, you'll earn valuable community service hours! Your work will help you develop interpersonal skills, a sense of responsibility, and experience that looks great on National Honors Society, college, and job applications. You'll also make new friends and have an "in" on what's happening for teens at the library.

### To Become a VolunTeen for Summer 2019:

- 1) Fill out the attached forms and return them to the South High Library
- 2) Complete the online *VolunTeen Application* at [www.columbuslibrary.org/about/volunteer](http://www.columbuslibrary.org/about/volunteer)  
(Online application will be available April 22<sup>nd</sup>)
- 3) Attend a *mandatory* training session on May 21 or May 25

Sincerely,

**Nick Silverblatt**, Information Services Specialist, Teen Services  
**Tessa Grindle-de Graaf**, Homework Help Center Specialist

Columbus Metropolitan Library, South High Branch  
3540 S. High St.  
Columbus, OH 43207  
(614) 645 - 2275

Please note that shifts are 3 hours long and teens usually work 1 – 3 shifts per week.  
**VolunTeen hours are available Mon – Thurs 10am – 7pm and Fri – Sat 10am – 6pm.**  
Please SELECT from the following ONLY:  
**10am - 1pm, 12 - 3pm, 1 - 4pm, 3 - 6pm, 4 - 7pm**

**On the calendar below, please fill in the shifts you are available to work**  
 \*Please note this is for scheduling purposes only and may not reflect your actual schedule.\*

# JUNE 2019

SUN	MON	TUE	WED	THU	FRI	SAT
						<b>1</b>
<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>
<b>30</b>						

Download & Print Free Calendars From [www.wiki-calendar.com](http://www.wiki-calendar.com)

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# July 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Please **CHECK** whether you are interested in participating in a mentor program.

- Yes**, I want to participate in the teen mentoring program and be paired with an adult or college student volunteer who will help me plan for the future. (You will meet 6 times over the summer.)
- No**, I do not want to participate in the mentor program.

Please **CHECK** which **REQUIRED** orientation that you will attend.

- Tuesday, May 21, 5:30pm – 7:30pm
- Saturday, May 25, 2:00pm – 4:00pm

Please fill out the following address, email, telephone, and school information.

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School and Grade (next year): \_\_\_\_\_

Adult Shirt Size: \_\_\_\_\_

Please sign below and have a parent or guardian sign below.

\_\_\_\_\_  
VolunTeen Signature

\_\_\_\_\_  
Parent/Guardian Signature



## PARENT OR GUARDIAN CONSENT AND AGREEMENTS

Must be completed before a teen may volunteer

### Emergency Contact Information and Emergency Medical Authorization

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

Residential Parent or Guardian

Parent or Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Parent or Guardian 2 \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Facts concerning the medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

In the event I cannot be reached in a medical emergency, I authorize Columbus Metropolitan Library to arrange emergency medical treatment for the above-named volunteer. I understand that the cost of any emergency medical treatment arranged by Columbus Metropolitan Library is solely my responsibility and is in no way the responsibility of Columbus Metropolitan Library.

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## **General Waiver and Release of Claims**

I understand that during the course of volunteering my child may be injured. I, on behalf of my child, assume the risk of injury and fully and completely release, waive, and discharge Columbus Metropolitan Library and its employees and agents of all liability, losses, injuries, death, damage and other claims or causes of action that may arise out of volunteering, whether caused by the Library or otherwise.

## **Other Acknowledgements**

I agree to:

- Help my child develop good work habits, including punctuality and good attendance
- See that my child arrives on time and has transportation from the library after their scheduled shift
- Support and help my child understand the importance of this VolunTeen responsibility
- Take full responsibility for my child before the library opens and once he or she signs out after each shift

**I acknowledge that there is no salary or other compensation for my child's services as a volunteer.**

**I understand that Columbus Metropolitan Library shall not be responsible for the loss or damage of personal property and possessions of the volunteer.**

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## VolunTeen Media Consent Form

I grant Columbus Metropolitan Library the full permission to use my child's name as well as any photographs, videos, motion pictures, or recordings of my child obtained through the volunteer program for any publicity and promotional purposes without obligation or liability to me or my child.

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Columbus Metropolitan Library does not have my permission to use my child's name or any photographs, videos, motion pictures, or recordings of my child obtained through the volunteer program for any publicity and promotional purposes without obligation or liability to me or my child.

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## CML Volunteer Confidentiality Agreement

Confidentiality Law (Section 149.432 of the Ohio Revised Code), passed in 2000, provides that:

Library records and patron information are confidential except if the parent, guardian or custodian of a minor child requests a library record or patron information pertaining to that child and in certain other situations.

I understand that as a volunteer of Columbus Metropolitan Library, I may become privy to patron record information as part of my volunteer responsibilities. I understand that customer records are confidential and a "need to know" rule applies to the viewing of all patron screens.

All records concerning library customers and materials used or checked out by patrons are confidential in nature and will not be released to a federal, state or local agency or any other persons unless requested by a court with legal jurisdiction. I understand that I will not handle requests for this information, and all requests will be referred to my location manager, supervisor, or another senior staff member.

I acknowledge having read this above statement concerning Patron Record Confidentiality and the CML Volunteer Confidentiality Policy and agree to abide by these policies and ask questions whenever I am unsure of how to apply the confidentiality standards.

Volunteer Name \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## VolunTeen Conduct Agreement

### VolunTeens agree to:

- Conscientiously perform all assigned tasks to the best of their abilities. If assigned tasks are unclear, volunteers must ask for direction or assistance from their staff supervisors.
- Follow the Columbus Metropolitan Library Customer Code of Conduct at all times.
- Maintain the confidentiality of library records and customer information. According to library policy: *Library employees and volunteers are expected to keep customer requests and records confidential.*
- Wear a VolunTeen identification badge while volunteering.
- Arrive promptly. VolunTeens who will be late or unable to work at an agreed upon time should contact their staff supervisors or the VolunTeen Coordinator as early as possible.
- Dress in clothing that is clean, neat, in good repair, appropriate for the assigned duties and in keeping with the library's public nature.
- Addressing the needs of customers is our first priority. Refer customers with questions not related to your responsibilities to library staff.
- Notify your supervisor immediately if you are injured while volunteering, whether or not medical attention is required.
- Be tactful, patient and courteous when volunteering in the library.

### VolunTeens agree to abide by the program's restrictions, which include:

- Do not volunteer while under the influence of alcohol or illegal drugs. The use, sale, distribution, possession or manufacture of alcohol or illegal drugs on library property is prohibited.
- Do not use library equipment, materials or property for personal use while on duty. This includes using the internet for anything other than your volunteer responsibilities. Volunteer privileges do not extend beyond the end of a volunteer shift: volunteers may not access staff areas when off duty.
- Do not make inappropriate requests, such as asking for money, food, beverages, or additional privileges not normally given to volunteers. Any type of theft will result in immediate dismissal.
- Falsifying volunteer time tracking records could result in immediate dismissal.
- VolunTeens may not harass library customers, staff or other volunteers. Behavior considered to be harassing includes unwelcome verbal or physical advances, such as: offensive physical actions, e.g. obscene hand or finger gestures; bullying in any form; written or spoken graphic communication such as slurs or jokes; all physical contact when the action is unwelcome by the recipient; or any unwanted sexual attention of a persistent or offensive nature made by a person who knows, or reasonably should know, that such attention is unwanted. Harassment due to an individual's race, color, gender, religion, national origin, age, disability, marital status, veteran status or sexual orientation will not be tolerated. VolunTeens who witness harassment in any form must report this to their supervisor immediately.

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Volunteer Signature

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Date

