**Volunteer Agreement Form**

I understand that when I volunteer for the Bath Township Public Library, my actions are reflection on myself as well as the library.

I understand that the Bath Township Public Library reserves the right to screen volunteers and to accept or reject any application.

I understand that I will not be paid for my services as a volunteer.

I understand that my volunteer services may end at any time. Both the library and I have the right to terminate my association with the library at any time, for any reason, with or without cause. I will notify the library if I want to discontinue my volunteer hours.

As a volunteer, I will assist with general library activities to support the library staff.

I understand that I must dress appropriately while I am volunteering at the Bath Township Public Library.

I agree to come to the library during my designated volunteer hours. If I cannot make it, I will email info@bathtownshippubliclibrary.org letting the library know that I will not be there during my scheduled time. I will also let the library know if there are long periods of times that I will not be there. If I miss three consecutive scheduled shifts without any formal notice, I will be removed from service. Library staff will notify me if the library opens late or closes for any reason.

I understand that I must wear a volunteer tag that identifies me as a volunteer while I am on duty at the library.

I understand that I will check in with staff at the beginning and end of my shift in order to keep an accurate record of the hours I work.

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

Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For underage volunteers)

Staff member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_