



VOLUNTEER APPLICATION AND AGREEMENT

The Great Falls Public Library welcomes and encourages members of the community to volunteer their time and talents to enrich and expand library services. Volunteer services may be used for Special events, projects and activities or on a regular basis to assist staff.

CONTACT INFORMATION

First name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Main Phone Number: _____ ☐ Cell ☐ Landline

Alternate Phone Number: _____ ☐ Cell ☐ Landline

Email Address: _____

I Prefer to be contacted via: ☐ Phone ☐ Text Message ☐ Email

If under the age of 18, please provide the name and contact information for your parent/guardian:

First name: _____ Last Name: _____

Main Phone Number: _____ ☐ Cell ☐ Landline

AREAS OF INTEREST

Books & Audio/Visual	Bookmobile	Youth & Adult Programs	Building & Grounds	Montana Room
<i>(most help needed here)</i>				
<input type="checkbox"/> Shelving Books/AV <input type="checkbox"/> Adult Books <input type="checkbox"/> Youth/Teen Books	<input type="checkbox"/> Cleaning of books and shelves	<input type="checkbox"/> Ready 2 Read <input type="checkbox"/> Summer Reading <input type="checkbox"/> Music in the Park <input type="checkbox"/> Youth Activities <input type="checkbox"/> Adult Activities <input type="checkbox"/> Assemble Craft/ Activity Kits <input type="checkbox"/> Book sale <input type="checkbox"/> D & D DM	<input type="checkbox"/> Sweeping and Vacuuming library. <input type="checkbox"/> Cleaning trash up in park and grounds <input type="checkbox"/> Cleaning out flowerbeds <input type="checkbox"/> Mowing <i>(age restricted)</i>	<input type="checkbox"/> Monitor room and assist with patron inquires. <input type="checkbox"/> Cleaning book shelves <input type="checkbox"/> Shelving Books <input type="checkbox"/> Shelf Reading
<input type="checkbox"/> Shelf Reading <input type="checkbox"/> Adult Books <input type="checkbox"/> Youth/Teen Books				
<input type="checkbox"/> Cleaning of books/ AV and shelves				

AVAILABILITY

Most volunteer positions at the library require an on-going time commitment.

Days Available: ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. Times Available: _____

Length of commitment: ☐ 1 month ☐ 3 months ☐ 6 months ☐ On-Going ☐ Seasonal

301 2nd Avenue North • Great Falls, Montana 59401 • (406) 453-0349

FILE: GFPL Volunteer Application 032023

OTHER INFORMATION

Please list any special skills, training, or education you may have.: _____

Do you have any physical limitations restricting your activities?: ☐ YES ☐ NO

If yes, please explain: _____

In case of emergency, whom should we call?:

Name: _____ Phone: _____ Relationship: _____

Volunteering at the Great Falls Public Library is a commitment of time, both yours and ours. If you offer to become a volunteer, we are depending on you to be here at the agreed upon times. If you are not able to come in at your scheduled time, please call and let us know. Training will be provided by the department you will be volunteering with prior to you starting any volunteer work.

AGREEMENT

By signing below, I, _____, hereby accept a position as a volunteer for the Great Falls Public Library (GFPL), upon agreeing to the following terms and conditions:

TERMS AND CONDITIONS

- 1) My services to the GFPL are provided strictly in a voluntary capacity, as a volunteer I understand I am volunteering my time without any expressed or implied promise of salary, compensation or payment of any kind.
- 2) Volunteers are expected to conform to all policies of the GFPL, and are selected and retained for as long as the library needs their services and their assigned duties are performed satisfactory.
- 3) I understand that GFPL, without notice or hearing, may terminate my services as a volunteer at any time, with or without cause.
- 4) Volunteers may apply for paid positions under the same conditions as other outside applicants.
- 5) I will not bring guests or family members to GFPL while on duty, unless they are also in the volunteer program.
- 6) I will communicate any job-related problems, concerns, differences of opinion, conflicts, or suggestions to the Volunteer Coordinator or my library supervisor.
- 7) I will notify the Volunteer Coordinator or my library supervisor of any changes in my schedule including, discontinuing to volunteer my services with the library.
- 8) Volunteers cannot purchase donated or discarded books prior to the AAUW or Friends of the Library book sales.
- 9) I will provide the Volunteer Coordinator the last 4 numbers of my social security number so it can be reported on the Volunteer Workers Compensation Report and the city background check, which the library is required to file.
- 10) I will report the number of hours I work daily on the designated Volunteer Timesheet.

Signature of volunteer applicant: _____ Date: _____

Last 4 numbers of your Social Security Number _ _ _ _

CITY OF GREAT FALLS

APPLICANT RELEASE FORM

I, _____, presently residing at
Name (First, Middle, Last)

_____ have applied for
Address (Street, City, State, and Zip)

employment with the City of Great Falls. For the purposes of determining my fitness and suitability for employment with the City of Great Falls, I hereby release from liability and promise to hold harmless from any liability any and all persons who shall furnish any information regarding my background, employment history, personal skills or attributes. I authorize any person or legal entity who may be contacted by a representative of the City of Great Falls to release and transmit to such representative any information or data they may have regarding my background, employment history, personal skills or attributes. I hereby release from liability and promise to hold harmless from any liability any and all persons and entities contacted by the City of Great Falls, and I hereby waive the right to maintain such information as confidential.

I agree to hold harmless and release from liability the City of Great Falls and its designated representative, for any statements, acts, or omissions in the course of the investigation into my background, employment history, personal skills or attributes.

NOTE: IF APPLYING FOR A POSITION WITHIN THE POLICE OR DISPATCH DEPARTMENTS INCLUDE THIS FORM WITH YOUR APPLICATION. ALL OTHERS WILL COMPLETE DURING THE INTERVIEW PROCESS.

READ CAREFULLY BEFORE SIGNING—IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE.

Signature of Applicant

Date

Printed Full Name (First, Middle, Last)

Other Names Used (maiden, etc.)

Social Security Number

Date of Birth

****Note: Dispatcher and Police Information Technician applicants must also pass a National Criminal Information Center background check.**

PD _____

CW _____

SVR _____

RESULTS _____

APPROVED BY _____