Norfolk Public Library
Group Volunteer Application

(Groups are 10 or more people from the same organization)

Please return the completed volunteer group application & volunteer agreement to the branch you wish to volunteer at, or mail to the following address:
Norfolk Public Library
Volunteer Office
1155 Pineridge Rd. Norfolk, VA 23502

You can also fax the completed application to 757-441-5869. You will be contacted once your application is reviewed. An interview may be necessary before assigning a volunteer position. Please allow 3-5 business days for the application review process. If you have any questions, please call 757-664-7328 or email NPLVolunteer@norfolk.gov. Each group member who volunteers must sign the Group Volunteer Agreement Form. False information can result in group dismissal from the NPL Volunteer Program.

Application Date: _____

Group Leader Contact Information
(This person will be the primary contact for the group and notified in case of an emergency or issue)

Group Name and Affiliation _____

First Name _____ Last Name _____

Address _____ City _____ State_____ Zip_____

Phone Number ( )_____ Alternate Phone Number ( )_____

Email Address _____ Position in group _____

1. What hours is your group available? (Please be as specific as possible)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

2. Are volunteer hours required for this group? _____YES _____NO

If YES, total hours needed _____ Deadline for completion _____

3. How often will this group be volunteering with NPL? (Example: 2x a month, 2nd and 4th Wednesdays)_____

_____

4. How many people are in this group? _____

5. Are there any youth (under age 18) in this group? _____YES _____NO

If YES, please list the number of youth and the age range of the group.
Number of Youth _____ Age Range _____

6. Has this group participated in volunteer programs before? _____ YES ____NO

If YES, what has been the group's experience? _____

_____

7. Library Location Preference (Please rank your top 3 volunteer location preferences numerically below --- #1 being where you would most prefer to be placed, #2 being your second choice, and #3 being your third choice; we will do our best to place you in your #1 preferred branch)

_____Barron F. Black Branch
_____Blyden Branch
_____Horace C. Downing Branch
_____Janaf Branch
_____Jordan-Newby Branch
_____Lafayette Branch
_____Larchmont Branch
_____Little Creek Branch
_____Park Place Branch
_____Pretlow Anchor Branch
_____Van Wyck Branch
_____NPL Service Center

8. Is there anything you would like to share about this group? _____

_____

_____

9. Indicate the type of tasks/duties this group would like to do as a library volunteer. _____

_____

_____

10. Why would this group like to volunteer at the Norfolk Public Library? _____

_____

_____

_____

11. Please attach or write below a list of your group members that will be volunteering. Names and a contact (either e-mail and/or phone number) are needed. Please use the back if more space is needed.

Name	Phone Number	Email

Library Use Only

Date received: _____ Date screened:_____

Location assigned: _____Task assigned: _____

Comments:_____

Norfolk Public Library
Group Volunteer Agreement

Your work as a NPL volunteer provides important support for the library's mission of providing informational materials and programs to meet the needs of our diverse community for life-long learning, cultural enrichment, and intellectual stimulation. Be sure your group leader has filled out a Group Application. Each group member must sign this form to volunteer.

Please read, sign and return this agreement to:

Norfolk Public Library
Volunteer Office
1155 Pineridge Rd. Norfolk, VA 23502 or fax to 757-441-5869

The Library agrees

1. To provide you, as a volunteer, with a safe work environment.
2. To provide supervision and training by a member of the library staff, who will answer your questions and provide feedback regarding your work.
3. To recognize your contributions as a volunteer to the success of the library.

As a volunteer, I agree

1. To attend NPL Volunteer Orientation.
2. To accept guidance and decisions of NPL paid staff members.
3. To abide by all of the rules of conduct governing NPL paid staff members.
4. To abide by the information in the Volunteer Handbook. (This can be found at www.npl.lib.va.us)
5. To always wear a volunteer name badge when on duty.
6. To record all volunteer hours in the Volunteer Time Sheet--Binder located within the branch.
7. To maintain confidentiality of all proprietary or privileged information whether this information involves an individual staff member, volunteer, or patron or involves library business.
8. To dress appropriately and act courteously to patrons and employees.
9. To report on time, as scheduled and check in with staff upon arrival at work and perform delegated tasks only. I will also notify my supervisor if I am unable to keep my schedule, need to take an extended leave, or if I decide to resign.
10. To grant full permission to the Norfolk Public Library to use my name and any photographs for any promotion/publicity purposes or for volunteer recognition without obligation or liability to me.
11. To give the Norfolk Public Library the permission to request and obtain data pertinent to my volunteering at the Library from individuals listed in the Volunteer Group Application.

I understand and agree that a background check may be required before placement in any sensitive volunteer position. I certify that I am a part of _____ as a group volunteer working with NPL.
(Name of Organization/Group)

I agree and understand the terms listed above. If I violate any part of this agreement it can result in my dismissal from the volunteer program.

Do you have any physical or medical conditions (allergies, etc.) of which we should be aware of? _____
If YES, please explain: _____

Volunteer Signature:_____ **Date:**_____

Parental/Guardian consent (if under 18): I grant permission for _____to participate in the Norfolk Public Library volunteer program.
(child's name)

Parent/Guardian Signature: _____ **Date:**_____

Parent/Guardian Print Name: _____ **Phone Number:**_____