



New York Library Association 2020 Annual Conference - Virtual
"Strengthening Our Core"
November 5th - 6th, 2020

"Best Practices for a Friends Operated Book Store"

Sponsored by the Friends of Libraries Section and co-sponsored
by the Library Trustees Association Section.

Jeff Budge, Manager of The Friends Bookshop at the Saratoga Springs Public Library, provided the following handouts from his pre-recorded session. For further information or clarification of these items, Jeff can be reached at friendsbookshopsspl@gmail.com or (518) 584-7860, ext. 233.

The Book Bag Shop
Friends of the Saratoga Springs Public Library
49 Henry Street
Saratoga Springs, NY 12866

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FRIENDS BOOK SHOP VOLUNTEER APPLICATION

Name _____

Mailing Address _____

Telephone _____

Email Address _____

Emergency Contact Person _____

Telephone _____ Relationship _____

Education	School	Location	Degree
<i>Please list details for Highest level completed</i>	_____		

Past Volunteer Experience	Organization	Responsibility

Employment Experience	Organization	Position

References	Name	Telephone	Relationship

Please do not use 1. _____

Relatives/family members 2. _____

Are you in the area most of the year? ____ If not, when are you away? _____

Are you a high school student or under 18 years old? _____

Are you a Member of the Friends of the Saratoga Springs Public Library? _____

Skills/Areas of Interest (Check all that apply)

Desk: Desk Shift: Regular Fill-in

Sorting Room: Pricer/Sorter Sorting Room (Triage-Box Sorting)

Shop Chores: Shelver/Shelf Weeder General Shop Chores/Pr

General Shop: List Books on Amazon .25¢ Sales/Community Events

Excel Spreadsheet/Computer Work Outreach Program

Categories: Children’s Books Media Sci-Fi Sports Cook Books

Non-Fiction Fiction History, Military & Politics

Please write in the hours that you are available on each of the following days:

MON. TUE. WED. THURS. FRI. SAT. SUN.

Mornings (10-12) _____ _____ _____ _____ _____ _____ **X**

Afternoons _____ _____ _____ _____ _____ _____ _____

Evenings (6-8) _____ _____ _____ _____ _____ **X** **X**

Signature _____ **Date** _____ / _____ / _____

We appreciate your interest in the Friends Book Shop and will contact you. Please send or drop off your completed Volunteer application to:

The Friends Book Shop

Attn: Jeff Budge, Mgr.

49 Henry Street

Saratoga Springs, NY 12866

All Friends Book Shop Volunteers are required to complete a criminal background check to be considered for volunteer status.

If you have any questions please contact Jeff Budge, Manager: (518) 584-7860 x234

Or email: friendsbookshopsspl@gmail.com

Signed

Name Printed

Date

April 2018

VOLUNTEER BACKGROUND INVESTIGATION CONSENT FORM

DISCLOSURE In relation to your application for volunteer status, or your current volunteer status, your volunteer organization may obtain a consumer report or an investigative consumer report. Such reports may include information as to your character, general reputation, personal characteristics, and mode of living. Also, subsequent reports may be requested to update, renew, or extend your volunteer status. This disclosure is given to you in compliance with the Federal Fair Credit Reporting Act (FCRA) and applicable state law. You have the right to request additional disclosures as to the nature and scope of the investigation from your volunteer organization. Such request must be made in writing.

The following information is for the sole purpose of undertaking a volunteer background investigation.

Current Name				Previous Name(s) - e.g. maiden name (use additional paper if needed)											
First				First					First						
Mid				Mid					Mid						
Last				Last					Last						
Suffix				Suffix					Suffix						

Address(No PO Boxes) _____

City _____ **State** _____ **Zip** _____

County _____

Day Phone _____ **Evening Phone** _____

Email Address _____

Social Security Number _____ **Date of Birth*** Month _____ Day _____ Year _____

Gender Female Male **May we contact your current employer?** Yes No

Name as appears on Driver's License _____

Driver's License Number _____ **Driver's License State of Issue** _____

Professional License Type (If applicable.) _____ **Professional License State** _____

Professional License Number _____ **Professional License Expiration Date** _____

_____ - _____ - _____

For the past ten years, list the county and state of your previous places of residence (use additional paper if needed):

County (Not Country)	State	From	Month	Year	to	Month	Year

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

Do you have any pending criminal charges against you at this time? _____ Yes _____ No

If yes to either question, where: _____ **Date of Offense:** _____

Nature of Offense: _____

Court: _____ **Case Number:** _____

Please explain: _____

A conviction record will not necessarily be a bar to employment. Factors such as job relatedness, age at the time of the offense, type of offense, and rehabilitation will be taken into account.

AUTHORIZATION RELEASE I hereby give permission to my prospective volunteer organization/volunteer organization and its agents to verify the information submitted by me and to conduct a background investigation on me. I understand this may include social security number verification and address history, criminal history, driving history, a credit report, education history, license/certification verification, past employment information, reference checks, and/or any other public records. I authorize the complete release of these records.

ACKNOWLEDGEMENT I acknowledge receiving a summary of my rights under the FCRA.

Print Name of Applicant **Signature of Applicant** **Date**

* This information is for consumer report purposes only. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

BACKGROUND INVESTIGATION APPLICANT INFORMATION

Current Name

Previous Name(s) – e.g. maiden name (use additional paper if needed)

First	<input type="text"/>	First	<input type="text"/>	First	<input type="text"/>
Mid	<input type="text"/>	Mid	<input type="text"/>	Mid	<input type="text"/>
Last	<input type="text"/>	Last	<input type="text"/>	Last	<input type="text"/>
Suffix	<input type="text"/>	Suffix	<input type="text"/>	Suffix	<input type="text"/>

Address (No PO Boxes)

City **State** **Zip**

County

Day Phone -- **Evening Phone** --

Email Address

Social Security Number -- **Date of Birth*** Month Day Year

Name as appears on Driver's License

Driver's License Number **Driver's License State of Issue**

Check this box to authorize contacting my current employer, if necessary to verify my current employment status.

If you are resident of, or performing jobs located in, California, Minnesota, Oklahoma, or Massachusetts, check this box to receive a free copy, if one is obtained, of any Consumer Report and/or Investigative Consumer Report electronically. For a paper copy, contact Commercial Investigations LLC at 800-284-0906 or staff@commercialinvestigationsllc.com.

Print Name of Applicant _____ Signature of Applicant _____ Date _____

* This information is for consumer report purposes only. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

CERTIFICATION OF CRIMINAL HISTORY INFORMATION

Please answer the questions below regarding your criminal history. Answering “yes” to one or more of the following questions will not necessarily disqualify you from employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

1. Have you ever pled “guilty” or “no contest” to or been convicted of a felony, misdemeanor, or criminal violation?..... Yes No

2. Do you currently have any criminal charges pending against you or open arrest warrants? Yes No

If you answered yes to either of the two preceding questions, please provide date(s) and details. For each conviction or pending charge/warrant, please provide the following information: (1) nature of the convictions/pending charges or warrants; (2) the location(s) or jurisdictions; (3) the year(s) of conviction(s) or charge/arrest; and (4) any information regarding rehabilitation or other information you wish us to consider.

I certify that the information I have provided on this form is true, accurate, and complete. I understand that any false statement, misrepresentation, or omission of fact will be cause for refusal of employment or, if employed, termination of employment.

Print Name of Applicant

Signature of Applicant

Date

BACKGROUND INVESTIGATION CONSENT FORM DISCLOSURE

DISCLOSURE A consumer report or an investigative consumer report may be obtained for employment purposes from a consumer reporting agency. The term employment purposes is broadly defined to include independent contractor and volunteer statuses. Such reports may include information as to your character, general reputation, personal characteristics, and mode of living. Also, subsequent reports may be requested during the course of your employment. This disclosure is given to you in compliance with the Federal Fair Credit Reporting Act (FCRA) and applicable state law. You have the right to request additional disclosures as to the nature and scope of the investigation. Such request must be made in writing.

BACKGROUND INVESTIGATION CONSENT FORM AUTHORIZATION

AUTHORIZATION I hereby give permission to verify the information submitted by me and to conduct a background investigation on me. I understand this may include social security number verification and address history, criminal history, driving history, a credit report, education history, license/certification verification, past employment information, reference checks, and/or any other public records. I authorize the complete release of these records.

Print Name of Applicant

Signature of Applicant

Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

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- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
 - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
 - **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
 - **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
 - **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
 - **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
 - **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>

6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may request a security freeze by contacting by calling the following toll-free telephone number(s):

TransUnion: 888-909-8872

Experian: 888-397-3742

Equifax: 800-685-1111 (NY residents please call 1-800-349-9960)

TransUnion, Experian and Equifax can also be reached at the following addresses:

TransUnion LLC

P.O. Box 2000

Chester, PA 19016

<https://freeze.transunion.com>

Experian Security Freeze

P.O. Box 9554

Allen, TX 75013

www.experian.com/freeze

Equifax Security Freeze

P.O. Box 105788

Atlanta, GA 30348

<https://www.freeze.equifax.com>

BACKGROUND INVESTIGATION ACKNOWLEDGEMENT

ACKNOWLEDGEMENT I acknowledge receiving a summary of my rights under the FCRA and various state and other law disclosures.

CALIFORNIA, MINNESOTA, NEW JERSEY, AND OKLAHOMA APPLICANTS ONLY I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report if one is obtained. (Check the box.) Please refer to the Fair Credit Reporting Act and the California Investigative Consumer Reporting Agencies Act for your specific rights.

NEW YORK APPLICANTS ONLY I acknowledge receiving a copy of NYS Corrections Law Article 23-A. I understand that upon written request, I will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. Also, that I may inspect and receive a copy of the report by contacting that agency.

NEW YORK CITY APPLICANTS ONLY I acknowledge and authorize you to provide any notices required by federal, state or local law to me at the address(es) and / or email address(es) you provided.

By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of you.

By signing below, you authorize obtaining a background reports on you throughout your employment, independent contractor, or volunteer status.

Print Name of Applicant

Signature of Applicant

Date

BACKGROUND INVESTIGATION STATE AND OTHER LAW DISCLOSURES

If you reside in, or are seeking work in any of the following states and the European Union, please review these additional notices:

California: You have the right to view your file that a Consumer Reporting Agency holds. By providing proper identification and duplication cost, you may obtain a copy of this information in person at the Consumer Reporting Agency's regular business hours and after providing reasonable notice for your request. Additionally, you can make the same request via mail or request a summary of the file over the phone. The Consumer Reporting Agency can assist you in understanding your file, including coded information. You are allowed to have one additional person accompany you so long as they provide proper identification.

Maine: You have the right to ask and know whether a company ordered a background investigation on you. You can request the name, address, and telephone number of the nearest Consumer Reporting Agency office. Your request will be processed and sent to you in 5 business days.

Minnesota: You have the right in most circumstances to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

Massachusetts: You have the right to obtain a copy of any of your consumer reports that your company has ordered on you by contacting the Consumer Reporting Agency for a free copy.

New Jersey: You have the right to submit a request to the consumer reporting agency for a copy of any investigative consumer report the Company requested about you.

New York: By submitting a written request, you can learn whether a company has run a background investigation on you. You are allowed to inspect and order a copy of the report by directly contacting the Consumer Reporting Agency. If you have been convicted of one or more criminal offenses, you can request the company to provide a written statement declaring the reasons for the refusal of hire. This statement must be provided to you within 30 days of your request.

Washington State: After submitting a written request and waiting a reasonable amount of time after receiving the disclosure, you have the right to receive a complete and accurate disclosure of the nature and scope of any "investigative" consumer reports requested by an agency. The Washington Fair Credit Reporting Act requires Consumer Reporting Agencies to provide you a summary of your rights and remedies upon request. Any information requested by a company that deals with credit worthiness, credit standing, or capacity is justified in order for employers to evaluate whether you present a risk for theft or dishonest behavior for the job you are being considered for.

Applicants with Personal Data from Outside the USA Only: I acknowledge receipt of the European Union Data Privacy Notice and certify that I have read and understand the document.

Print Name of Applicant

Signature of Applicant

Date



FRIENDS
of Saratoga Springs Public Library
Book Shop

Name

DATE

Address 1

Address 2

Dear _____ :

Welcome to the Volunteer Team of the Friends of the Saratoga Library Book Shop! We look forward to you being a part of our Volunteer Team and hope you will enjoy supporting our mission to provide books and media items for sale to our local community while helping fund many of the diverse services that our library offers.

As part of your orientation package, I am enclosing the following:

Volunteer Position Description

Code of Conduct and Volunteer Guidelines

Overview of the Friends of the Saratoga Springs Library

As Manager, I will provide specific training to help you feel comfortable in doing your tasks and acquaint you with some other volunteers on our team.

I am pleased to have you join our Volunteer Team and hope you will find it both enjoyable and rewarding. If you have any questions or need clarification of any of the orientation materials, don't hesitate to contact me.

Sincerely,

Jeff Budge, Mgr.

The Friends Bookshop

49 Henry St.

Saratoga Springs, NY 12866

VOLUNTEER CODE OF CONDUCT & GUIDELINES 2017

The Friends Book Shop is a great place to work. Located in the Saratoga Springs Public Library, we enjoy a diverse patron clientele, and we participate actively in the community. Our volunteers are the face of the Friends of the Saratoga Springs Public Library. The image we project is important, not only for sales but for continued interaction with the public.

Workplace Standards

The Book Shop management has assembled a great team of volunteers for the Friends Bookshop. The essential functions of the shop-- shelving, pricing, sorting, and sales-- are fully staffed by these individuals. The Book Shop Manager will designate and direct work assignments.

Maintaining a high level of service requires consistent professional standards in a stable working environment designed to make all volunteer jobs enjoyable. Working together, our volunteer staff brings a multiplicity of skills to keep the Friends Book Shop functioning smoothly.

Our competent volunteers work to provide responsive and knowledgeable services to patrons of the shop. They exhibit courteous behavior to all while on the Library premises, ensuring that the Book Shop maintains a facility that is a source of pride to the local community.

The Friends of the Saratoga Springs Public Library appreciates you volunteering your services to the Book Shop and our membership efforts. While working with us, you agree to abide by the rules of conduct governing the volunteers of the Book Shop.

Code of Conduct

The Book Shop is committed to maintaining a workplace free from negative, aggressive and inappropriate behaviors. We aim to provide high quality service in an atmosphere of openness, safety and equality. We expect each volunteer to conduct himself or herself in a manner appropriate to the best interests of the Library.

All volunteers and patrons are to be treated with dignity and respect.

Complaints of negative and inappropriate workplace behaviors will be taken seriously and will be addressed by the Manager.

Conduct that interferes with the operation of the shop or discredits the Friends of the Library or the Book Shop of the Library will not be tolerated.

Volunteer Guidelines

1. Focus on your duties. Avoid distractions, such as using a handheld device, talking on the phone or socializing with friends.
2. Do not bring valuable articles with you. The Friends and the Book Shop are not responsible for lost articles.
3. Treat patrons and volunteers in the shop with courtesy and respect. Cooperate with fellow volunteers at all times.
4. Arrive on time for volunteer service. If you cannot make a shift on time, notify the Manager as soon as possible.
5. Limit eating and drinking while on duty at the cash register.
6. Familiarize yourself with the Shop policies outlined in the two Volunteer Handbooks: *Cashiering* and *Shop & Sorting Room*. Understand all relevant policies and procedures within the Shop. Because the policies and procedures in these handbooks may be revised periodically, volunteers will be notified of changes, which they will review periodically in order to ensure the smooth functioning of the shop.
7. Maintain confidentiality of all privileged information about fellow volunteers, patrons, or Book Shop business
8. Membership and volunteer records that contain personal information (email addresses, phone numbers, etc.) are confidential and may not be shared with or used by anyone unless directed by the manager.
9. Problems and conflicts relating to operations of the shop must be addressed and resolved constructively. Problems and/or suggestions for change should be brought to the attention of the Manager.
10. Each volunteer must sign to acknowledge reading and understanding this document.

The Manager will address poor performance and/or misconduct. This may include, but is not limited to, documented verbal discussion(s), letters of reprimand, termination of volunteer status and suspension of the Library privileges afforded to Book Shop volunteers.

Benefits

Volunteering is a great way to give back to your community and to dedicate flexible time without making a full-time commitment. As a thank you for being a volunteer, the following benefits are available after 10 hours of service:

1. Volunteers will receive a 50% discount on items purchased from the shop.
2. The library will waive late fees on checked-out items.
3. Volunteers will receive recognition from the Friends of the Saratoga Springs Public Library after one year of service.

Acknowledgement

(Please return this page to Manager)

I acknowledge that I:

1. Have read the Book Shop Code of Conduct & Guidelines.
2. Will wear a badge that will be returned each day when I leave the shop.
3. Will read the appropriate volunteer manual(s).
4. Will record the hours worked in the volunteer sign-in books.

Signed _____

Print Name _____

Date _____



FRIENDS
of Saratoga Springs Public Library
Book Shop

Name

DATE

Address 1

Address 2

Dear _____ :

Thank you for your interest in being a Volunteer in the Friends Bookshop at the Saratoga Springs Public Library. I am very appreciative of your willingness to be a part of the team that makes the Friends Book Shop and its mission possible.

Currently there are no volunteer opportunities to match your indicated areas of interest or availability; however, we would like to keep your application on file so that if an opportunity should arise we may contact you.

Sincerely

Jeff Budge, Mgr.
The Friends Bookshop
49 Henry St.
Saratoga Springs, NY 12866



FRIENDS
of Saratoga Springs Public Library
Book Shop

Name

DATE

Address 1

Address 2

Dear _____ :

In the process of updating and reviewing our volunteer records, we see that you once were a part of our volunteer group and yet have not volunteered with us in over a year. At this time, we will consider you inactive and therefore end any special volunteer privileges you previously enjoyed.

Please contact me if you wish to be considered for current volunteer opportunities.

On behalf of the Friends, thank you for your past volunteer contributions.

Sincerely,

Jeff Budge, Mgr.
Friends Book Shop
49 Henry Street
Saratoga Springs, N.Y. 12866

FRIENDS BOOK SHOP TIME SHEET

TIME PERIOD _____

NAME: _____

MON	TUE	WED	THUR	FRI	SAT	SUN

MON	TUE	WED	THUR	FRI	SAT	SUN

MON	TUE	WED	THUR	FRI	SAT	SUN

NOTES:



FRIENDS
of Saratoga Springs Public Library
Book Shop

Volunteer Work Report

Name _____

Date	Time in	Time out	Hours	Assignment Completed

TOTAL _____

Date	Time in	Time out	Hours	Assingment Completed

TOTAL: _____

TOTAL FROM COLUMN 1: _____

GRAND TOTAL: _____

Volunteer's Signature: _____
Supervisor's Signature: _____