

BML Volunteer Agreement

I, _____, agree to volunteer my services to Braswell Memorial

Library in the position of _____. I agree to volunteer:

Days of Week: _____

Hours: _____

Duration: _____

I understand that BML is counting on my services. If I fail to appear for assigned work days without prior arrangement with my supervisor, or if my work or the volunteer arrangement is unsatisfactory in any way, I understand that my volunteer service will be terminated.

I agree that I will not disclose any information relating to library patrons, library business operations, or library personnel gathered or heard officially or unofficially in the course of my volunteer service. I understand that such information is strictly confidential.

Volunteer signature: _____

Supervisor signature: _____

Date: _____