

Volunteer Tutor Application Form

Contact Information

Name: _____ Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Phone: _____

Other Emergency Information: _____

Additional Information

Are you 16 years of age or older? Yes: ____ No: ____

1. Which subjects are you comfortable tutoring (mark all that apply)?

English Spanish Math Science Social Studies

2. We hold Study Center every Monday and Thursday from 5-7pm. Do either/both of these times work for you? Please indicate below:

3. Do you have any previous experience working with children or teens? Specify below:

By signing below I give consent for the Willmar Public Library to do a background check.

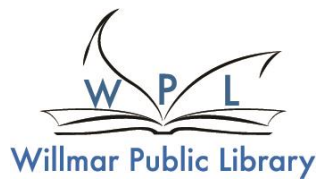
Signature _____ Date: _____

Thank you for your interest in becoming a library volunteer.

Please return the completed form in person or via mail, fax, or email to:

Samantha Plessel | 410 5th Street SW, Willmar, MN 56201 | Fax: 320-235-3169 | Email:

samantha.plessel@pioneerland.lib.mn.us



Confidentiality Agreement

Dear Volunteer:

The Pioneerland Library System welcomes and appreciates the services you offer as a volunteer. In your role you will have access to data or information on patrons that is classified as “private” under the Minnesota Data Practices Act.

The purpose of this letter is to remind you that the information you will obtain through your service to Pioneerland Libraries or headquarters is private and that you are responsible to treat this information as such. You should not discuss information about a patron with anyone other than your supervisor, head librarian, or administration. Violation of patron’s data privacy rights can subject the regional library to liability and, if the release of information is intentional, constitutes a misdemeanor. If you violate this policy you can be terminated from your volunteer position.

Please read and sign the paragraph below.

Again thank you for volunteering. Your efforts are much needed and appreciated.

By signing this I acknowledge that I have read and that I understand the foregoing information provided to me regarding the private nature of a patron’s data. I agree to treat the data as private and I will not disclose it to anyone other than those persons set forth above. I understand this information is given to me in my role as a library volunteer and I will use it only to perform these services for the Pioneerland Library System. If I have any questions about the treatment or classification of any data, I will contact my supervisor.

Signature _____ Date _____
(Name of Volunteer)

Signature _____ Date _____
(Parent/Guardian if needed)

Signature _____ Date _____
(Name of Supervisor)