

## Additional Policy

### B - Secondary School Community Service Policy

Board Motion Number:	<b>21.067</b>
Date of Original Board Motion Number:	<b>June 21, 2010</b>
Date of Current Issue:	<b>June 22, 2021</b>
Date of Next Review:	<b>2025</b>
Attachments:	<b>Form B1, Form B2</b>

Signature of Board Chairperson (and Date):

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The Ontario Ministry of Education incorporated 40 hours of mandatory community service into the secondary school curriculum. The North Kawartha Public Library (NKPL) wishes to assist students to fulfill this requirement.

- Interested students must be interviewed by the CEO/Librarian. Only students who have completed Grade 9 will be considered.
- Duties will be assigned by the CEO/Librarian and will comply with the school board policy.
- Students will be supervised by Library staff and shall follow the same work, behaviour and dress codes as employees.
- In order that an appropriate level of supervision and volunteer co-ordination is ensured, the number of student volunteers, at any given time, will be decided by CEO/Librarian.
- CEO/Librarian and student together will determine the number of volunteer hours and duration of the commitment.
- Student volunteers must complete the AODA Customer Service Training Module found at Access Forward <http://accessforward.ca>, print their certificate and submit it to the CEO/Librarian.
- Students are bound by the rules contained in all North Kawartha Library policies and guidelines as applicable, especially as they relate to patron privacy and confidentiality.
- Students will complete the Volunteer Information and Emergency Contact sheet (Form 1 attached) and complete and sign the Volunteer Agreement (Form 2 attached) which will be kept by the CEO/Librarian.
- The Library Board reserves the right to terminate a placement, if necessary.



**FORM B1**

**Secondary School Community Service Policy  
VOLUNTEER INFORMATION AND EMERGENCY CONTACT**

Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Phone (s): \_\_\_\_\_

Email: \_\_\_\_\_

Medical Information

Allergies (Food, drug or other): \_\_\_\_\_

\_\_\_\_\_

Medic Alert: \_\_\_\_\_

\_\_\_\_\_

Other Medical Information You Wish to Have Kept on File: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

This information will remain confidential. Please return this form to the  
CEO/Librarian.



## **FORM B2**

### **VOLUNTEER AGREEMENT**

I understand that my services are valuable to the Library and agree that:

- I will perform the tasks given to me to the best of my ability.
- I will be punctual and conscientious in the fulfillment of my duties.
- I will take any problems, criticisms or suggestions to the Chief Executive Officer.
- I will consider as confidential, all personal information concerning a Library patron/member.
- I will maintain a good working relationship with staff and other volunteers.
- I have read and understand the North Kawartha Library Community service Policy.

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Date

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Volunteer Signature