



**JOETEN-KIYU PUBLIC LIBRARY**  
**CNMI STATE LIBRARY**  
 P.O. Box 501092 CK, 2745 Insatto Street, Susupe, Saipan, MP 96950  
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 Website: <http://www.cnmilib.org> • Email: [cnmistatelibrary@gmail.com](mailto:cnmistatelibrary@gmail.com)



**VOLUNTEER APPLICATION/AGREEMENT**  
**For Volunteer Library Aide**

**FULL NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
**CONTACT NUMBER:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**WHAT DAYS AND TIMES DO YOU WANT TO VOLUNTEER?**

*Library Hours: Tuesday to Thursday (10:00 am-6:00 pm) Friday (1:30 pm-7:00 pm) Non-Austerity Saturday (9:30 am-4:00 pm)*

**Tuesday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_       **Friday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 **Wednesday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_       **Saturday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 **Thursday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_      **Total Hrs. Needed:** \_\_\_\_\_

**Reason for Volunteering:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This agreement for volunteer services is entered into between Joeten-Kiyu Public Library, Commonwealth of the Northern Mariana Islands ("the Library"), and \_\_\_\_\_ [name] ("the Volunteer") to provide volunteer library aide services to the Library. This agreement is effective as of [date] \_\_\_\_\_, and shall continue until [date], \_\_\_\_\_ unless the term of the agreement is extended or terminated by mutual consent of the parties in writing. In this agreement, we make promises to and from each other.

**Promises and services from the Volunteer to the Library:**

- I will conduct myself in a professional manner as a volunteer staff member.
- I will cheerfully interact with and help our patrons.
- I will keep my supervisors and parents informed of my whereabouts for the periods I have committed to volunteer work.
- I will undertake activities appropriate to my volunteer skills and abilities.
- I will release, discharge, and hold harmless, for myself, my heirs, assigns, executors, and administrators, the Joeten-Kiyu Public Library, the Commonwealth Library Council, its members, the Department of Community and Cultural Affairs, The CNMI Government, its employees, agents and volunteers from all claims, demands, actions or any cause or suit arising from injuries sustained to my person and/or property as a result of my involvement in such activities whether or not resulting from negligence.
- I will keep confidential any patron information or Library records I may encounter.

**Assigned Duties**

You will be assigned an immediate Supervisor, upon the start Date. You should report to him/her for briefing and duties. Duties may include, but are not limited to the following:

- Clock in at the beginning of your shift and clock out at the end. Only the hours on your time card will be counted.
- Organize and straighten up the books on the book cart before shelving.
- Shelf books using Dewey Decimal and alphabetical order according to genre.
- Assist Library staff classification system with all related duties as assigned.

**Promises and services from the Library to the Volunteer:**

- We will treat the Volunteer in a professional manner, as we would a paid staff member.
- We will supervise and educate the Volunteer in:
  - The Library classification system;
  - The operations of the Library, including the use of equipment and organizational structure;
  - Appropriate interactions with our patrons.
- We will certify to the Volunteer school if requested, the nature of the volunteer service and the time spent providing them.

**Other Agreements:**

- The Library does hereby attest that his or he attendance and involvement in such activities is voluntary, that the Volunteer is participating at his or her own risk, and that he or she has read the foregoing terms and conditions of this release.
- The volunteer understands that the Joeten-Kiyu Public Library does not provide medical coverage for volunteers.
- Volunteer signature gives the Joeten-Kiyu Public Library permission to check any reference given in connection herewith.
- If qualified for service, the Volunteer agrees to abide by the rules and regulations of the Joeten-Kiyu Public Library.
- Upon completion of the term, the student may reapply as a volunteer pending supervisor approval.
- This is the entire agreement; no other conditions, promises, or representations have been made. Unless stated otherwise, if the Volunteer is a minor, the signature of the Parent/Guardian below signifies agreement to these terms.

***WHEREFORE, the parties enter into this agreement for Volunteer Library Aide.***

<b>JKPL Staff Supervisor (Print and Sign)</b>	<b>Date</b>
<b>The Volunteer (Print and Sign)</b>	<b>Date</b>
<b>Parent/Guardian (Print and Sign)</b>	<b>Date</b>
<b>Parent/Guardian Address</b>	<b>Parent/Guardian Phone Number</b>

***For Staff Use Only:***

**Assigned Section:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

**Total Hours Needed:** \_\_\_\_\_

*Volunteer Agreement Form.rev.2023.09.26.a*

**PHOTO RELEASE FORM**

I hereby grant permission to Joeten-Kiyu Public Library (JKPL) to use photographs and/or videos of me taken by JKPL for use in publications, news releases, online, and in other communications related to the mission of Joeten-Kiyu Public Library.

\_\_\_\_\_  
(Signature of Parent/Guardian of Children under age 18)

\_\_\_\_\_  
Date

**INDEMNIFY, DEFEND, AND HOLD HARMLESS**

As part of my participation, I hereby release and forever discharge and agree to indemnify and hold harmless Joeten-Kiyu Public Library (JKPL), the CNMI Government, its successors, employees, and assigns, from any and all injury or loss, and all liability for injury or loss to persons or property which occur on the JKPL Premises or which arise out of or in connection with any activities in JKPL.

I also agree to defend JKPL, the CNMI Government, its successors, employees, and assigns, from and against any claim, demand, or lawsuit with respect to the subject of the indemnity contained herein, whether or not such claims, demands, or actions are rightfully or wrongfully brought or filed and against all costs incurred by the JKPL, the CNMI Government, its successors, employees and assigns therein. In case a claim should be brought or an action filed with respect to the subject of indemnity herein, I further agree the JKPL, the CNMI Government, its successor's employees, and assigns may employ attorneys of their own selection to appear and defend the claim or action on their behalf at my expense. Finally, I agree to supervise and/or pick up my minor child on time or be referred to the Division of Youth Services for child neglect.

\_\_\_\_\_  
(Signature of Parent/Guardian of Children under age 18)

\_\_\_\_\_  
Date

## DATA AND INFORMATION CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, from the village of \_\_\_\_\_ do hereby swear that I will not discuss, disclose, copy, share, distribute, disseminate, and/or otherwise make available to any other person, entity and/or organization, any data and/or information made available to me, or of which I become aware, during the course of my employment with the Joeten-Kiyu Public Library (JKPL), (the "Library"), including, but not limited to personally identifying information such as the names, addresses, and telephone numbers of Library patrons and staff.

I understand that said data and information is the confidential property of the Library, its staff, and its patrons, and is of a sensitive nature. I understand also that such data, information, and any other resources, are the exclusive property of the Library, its staff, and its patrons, and that my violation of this Data and Information Confidentiality Agreement (the "Agreement") is subject to prosecution under the laws of the Commonwealth of the Northern Mariana Islands.

This Agreement is binding on my heirs, executors, legal and other representatives, administrators, successors, and assigns. I have read this entire Agreement, I fully understand it, I have signed it without duress or coercion, and I agree to be bound by it.

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date