

# Crook County Library Volunteer Application

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Please print clearly and complete each section.

*Volunteers must be at least 14 years old. A parent or guardian's signature is required for applicants 17 years old or younger.*

Age group: Youth (14-17)\_\_\_\_ Adult\_\_\_\_ Senior (65+)\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

## PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

EDUCATION: High School \_\_\_ Some College \_\_\_ College \_\_\_ Graduate/Doctoral Degree \_\_\_ other \_\_\_

PREVIOUS EXPERIENCE: Please indicate (w) work, (v) volunteer, (h) hobby, (o) other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CRIMINAL HISTORY: Have you ever been convicted of a felony or misdemeanor? Yes\_\_\_ No\_\_\_

If yes, please explain:

\_\_\_\_\_

*The nature, date, surrounding circumstances and relevance of the offense to the position being applied for will be taken into consideration. False information or failure to provide information may be grounds for terminating volunteer status.*

**VOLUNTEER AVAILABILITY**

**The Volunteer Coordinator will work with you to establish a consistent work schedule.**

Please mark days and times you will be available for volunteer service. *Two hour blocks are preferable.*

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
morning						
afternoon						
evening						

How many hours per week would you like to volunteer? \_\_\_\_\_

**HEALTH:** Is there any health issue which might limit your ability to volunteer or limit the types of activities that you can perform? Yes \_\_\_ No \_\_\_  
If yes, please briefly explain:

**VOLUNTEER INTERESTS- Please check all that apply.**

Duties may not be available at all times and may change with the library's needs.

- Shelving*
- Computer tutoring*
- Mending damaged materials*
- Displays or artwork*
- Cleaning books*
- Summer Reading Program assistance*
- Special projects*

\*For more information about the volunteer application process, please review the Crook County Volunteer Manual and the Crook County Library Volunteer Policy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required if the applicant is under 18-years old)*

If you do not receive a response it is because no positions are available. The Volunteer Coordinator will keep your application on file for six months. You will be contacted if positions that meet your interest become vacant.

# CONSENT TO CRIMINAL RECORDS SEARCH

Applicant hereby consents to have the Crook County Sheriff's Office investigate all criminal records in applicant's name in any criminal records data base. Applicant is aware that information retrieved from such a search may affect the decision for volunteer status. The signature and submitting of this consent is a requirement of the application process.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

X \_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

First

Middle

Last

SSN \_\_\_\_\_ D.L.# \_\_\_\_\_ State \_\_\_\_\_

\*Date of Birth \_\_\_\_\_

Please note: A search will not be conducted unless you are a candidate for volunteering. **Volunteer status will be contingent upon the outcome of this search.** Any information received will be kept confidential.

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## TO BE COMPLETED BY SHERIFF'S OFFICE

\_\_\_\_\_ NO INFORMATION DISCOVERED WHICH COULD ADVERSELY AFFECT HIRING THIS INDIVIDUAL.

\_\_\_\_\_ ADVERSE INFORMATION ON RECORD, WHICH COULD RAISE SIGNIFICANT DOUBT ON THE INDIVIDUAL TO BE HIRED.

SEARCH COMPLETED BY \_\_\_\_\_

Signature

Date