VOLUNTEER APPLICATION

Thank you for your interest in volunteering. The information on this form will be used to help determine if you will be selected as a volunteer and what assignment will best fit your interest and background. Please complete all the questions, printing clearly, and sign the form before submitting it to the library.

Name___________________________________________________________________

Address: ___________________________ City_______________________________

Phone Number _________________________________ ________________________

Email address____________________________________________________________

Age group (check one) ___12-17   ____18-25  ____26-50  ____60+

If still in school, please complete the following:
  Grade___________   School_______________________________________________

If you need verification of hours worked, please indicate
Name of school/program____________________________________________________
Number of hours required___________ Date to be completed____________________

Person to contact in case of emergency Name__________________________________
Phone #_____________________________ ___________________________

A background check is required for volunteer applicants 18 years of age and older. Are you willing to submit a background check? ____Yes   ____No

What is motivating you to volunteer?
__Personal Satisfaction   __School/Church/Scouts   __Other

What skills or abilities do you have to bring to a volunteer position?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Type of volunteer position you are most interested in (check all that apply)
___Book Sale   ___Working with teens   ___Working with computers
___Working with books   ___Working at Special Events   ___Fundraising
___Working with adults   ___Working with children   ___Working with local history
Are you available (check all that apply)
___Weekly   ___Monthly   ___Short-term projects   ___Special events   ___As needed

Library Location Preferences (select top 2 choices)

<table>
<thead>
<tr>
<th>Branch</th>
<th>Address</th>
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<tbody>
<tr>
<td>Avenal Branch</td>
<td>501 East Kings Ave. 93234</td>
</tr>
<tr>
<td>Hanford Branch</td>
<td>401 N. Douty St. 93230</td>
</tr>
<tr>
<td>Lemoore Branch</td>
<td>457 “C” St. 93245</td>
</tr>
<tr>
<td>Corcoran Branch</td>
<td>1001- A Chittenden 93212</td>
</tr>
<tr>
<td>Kettleman City Branch</td>
<td>104 Becky Pease St. 93230</td>
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<tr>
<td>Stratford Branch</td>
<td>20300 Main St. 93266</td>
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</tbody>
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Schedule Preference: Most volunteer opportunities occur during the Monday-Friday 9:00-6:00 work week. Indicate dates and times available. (Check all that apply)
___ Weekday mornings (list days)
___ Weekday afternoons (list days)
___ Evenings for special events
___ Weekends for special events

Summarize your previous volunteer experience
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

• I hereby certify that the information provided above is true and complete to the best of my knowledge.
• I understand I will not be paid as a volunteer.
• I understand I will serve as needed by the Kings County Library and my assignment may end at any time, with or without cause.
• I understand that my application may not be selected for volunteer service.

Applicant’s Signature_____________________________ Date_________________

If volunteer is under the age of 18, Parent or Legal Guardian must sign below

Parent/Guardian Name (print)
____________________________________________________________________

Parent/Guardian Signature________________________________________________

FOR LIBRARY USE ONLY

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<table>
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<tr>
<td>Date received:</td>
<td>Attended orientation:</td>
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<tr>
<td>Background check:</td>
<td></td>
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<tr>
<td>Assigned task:</td>
<td>Start date:</td>
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<tr>
<td>Assigned day &amp; time:</td>
<td>Supervisor:</td>
</tr>
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AUTHORIZATION TO CONDUCT
BACKGROUND/VOLUNTEER REFERENCE CHECK
WAIVER

I hereby give the County of Kings the right to conduct a background/employment reference check. I understand that the background/reference check may include inquiry into my past employment, education and activities, including, but not limited to credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. To the extent permitted by law, I indemnify you against any liability which might result from making such inquiry. Additionally, I agree that you may obtain an investigative consumer report, or other information, regarding me and may consult certain files which are available. I understand that, to the extent required by law, County of Kings will retain the results of this background/reference check and a copy of my application for employment. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background/reference check based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them, including, but not limited to viewing my current and/or past personnel file(s). In addition to authorizing the release of any information regarding my employment, to the extent permitted by law, I hereby fully waive any rights or claims I have, or may have, against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

I have read and understand the above statement, advising me that a comprehensive background/reference check may be conducted, which may include inquiry into past employment, education and activities.

The County of Kings may make copies of this authorization available for those contacted.

<table>
<thead>
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<th>APPLICANT INFORMATION</th>
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<tbody>
<tr>
<td>Please Print Legibly Below:</td>
</tr>
<tr>
<td>Last Name,</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Mailing Address (if different from above)</td>
</tr>
<tr>
<td>Phone Number</td>
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