



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)

Avenal Branch 501 East Kings Ave. 93234	Corcoran Branch 1001- A Chittenden 93212
Hanford Branch 401 N. Douty St. 93230	Kettleman City Branch 104 Becky Pease St. 93230
Lemoore Branch 457 "C" St. 93245	Stratford Branch 20300 Main St. 93266

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	
Date received:	Attended orientation:
Background check:	
Assigned task:	Start date:
Assigned day & time:	Supervisor:



**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.

APPLICANT INFORMATION				
<b>Applicant Information</b>	<b>Please Print Legibly Below:</b>			
	Last Name,	First Name,	Middle Initial	Maiden/Other Name Used:
	Street Address	<input type="checkbox"/> New (Check if applicable)	City/State/Zip Code	Date of Birth - -
	Mailing Address (if different from above)		City/State/Zip Code	Social Security Number
	Phone Number ( )	Applicant Signature		Date