



Volunteer Application

Thank you for your interest in volunteering at the library. Please note the following guidelines:

1. Please sign in and out on the volunteer log sheet. As much as possible, please try to schedule your volunteer hours on the calendar so we can plan. Please call in and give as much notice as possible when you are unable to come.
2. As a volunteer, you may be exposed to information of a confidential nature. Such information may not be shared with anyone else including family, friends or acquaintances.
3. Volunteers are asked to remember that they represent the library's image to the public. Therefore, general appearance should be neat and clean. Please refrain from wearing tank tops, swimsuits, or bare bellies.
4. Please avoid personal telephone calls or texting in patron areas while volunteering. If you need to take a call, please take it to staff areas (for a brief call) or outside

Personal Information

Name _____

Present Address _____
STREET CITY STATE ZIP

Phone No. _____ Are you 18 or older? _____

Email Address _____

Are you currently employed? _____ If so, who is your present employer? _____

Emergency

In case of Emergency Notify _____
NAME ADDRESS PHONE NUMBER

Volunteering

If you are seeking volunteer hours to fulfill volunteer hour obligations **other than court-ordered community service** (such as confirmation, National Honor Society, government housing, etc.), what is the organization:

_____ Hours needed: _____

When are you available to volunteer?

_____ Monday	_____ Thursday	_____ Mornings
_____ Tuesday	_____ Friday	_____ Afternoons
_____ Wednesday	_____ Saturday	_____ Evenings

In what area(s) would you be interested in volunteering? Please see the Volunteer Opportunities page.



Brownwood Community Library Association

a 501(3)c non-profit organization

600 Carnegie Blvd
Brownwood, TX 76801
325-646-0155

As a volunteer for the Brownwood Community Library Association, I do hereby, for myself, heirs, executors and administrators, release and discharge the Brownwood Community Library Association and all its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of actions, on account of my death or on account of any injury to myself which may occur from any cause, including, without limitation, any negligent act of the Library, the Library's officers, agents and employees, whether such negligent act was the sole proximate cause of the injury or damage or a proximate cause jointly and concurrently with myself, arising out of my participation in the Brownwood Community Library's volunteer work activities. I further understand and acknowledge that the Library's decision to allow any participation as a volunteer for the Brownwood Library is made in reliance on this release and waiver agreement.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted as a volunteer, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein to give any and all information concerning any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to the Brownwood Library.

I understand and agree that, if accepted as a volunteer, my service is at will and may be terminated at any time by myself or by the Brownwood Library without any prior notice. I further understand that Brownwood Library makes no promises about number of hours available to work.

I understand that volunteers are not eligible for any compensation, insurance, worker's compensation benefit or any other benefit provided to a Brownwood Library employee. I understand that if I am injured at the library I must report the injury immediately to the library staff.

I understand and accept the terms and conditions for volunteering and scheduling as described.

Applicant signature: _____ Date: _____

Applicant date of birth: _____

Applicant last four of SSN: _____

Parent or Legal Guardian Signature if under 18: _____ Date: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

City of Brownwood

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: <u>Pre-Employment</u>	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	