

Volunteer Application

_	_		_	_	Р	_	-		-
•	-	Δ	•	-	_	w		N	•

Name					Date of Bir	rth		
	First	Middle I	nitial	Last			onth / Day / Year	
Address _			С	ity	State	Zip		
Email					phone			
		you: □ Phone			•			
What hou		<u> </u>	· ·	c as possible, f			T	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
May we ca	all you on short	notice?Yes	No	•				
Skills:		ant to volunteer	,					
If yes	s, please elabor	ate						
Tota	al hours needed		_Deadline for	completion				
Emergeno	cy contact							
			Name		Pho	ne		
	ever been charg , please list the			nor other than n		ations?Yes	;No	
Name	•				ne			
		Relationship						
Name Email		Phone Relationship						
	iaii							

VOLUNTEER AGREEMENT Parental Consent / Liability / Confidentiality Waiver / Background Check

Youth Volunteers (Parent or Guardian):	
I,agree	, as parent / guardian of
Public Library from any and all claims or causes of action that illnesses that may occur to my child from his / her participation right of action I have against the Hays Public Library in consider volunteer for the library. I further understand and agree that the for any services performed as a volunteer of the library.	may arise for any incidents, accidents or n in the volunteer program. I waive any eration of the volunteer's participation as a
Adult Volunteers (18 years of age and older):	
I,harmless the Hays Public Library from any and all claims or ca incidents, accidents or illnesses that may occur to my child fro program. I waive any right of action I have against the Hays P volunteer's participation as a volunteer for the library. I am powith any schedule changes or questions. I further understand compensation for any services performed as a volunteer of the	m his / her participation in the volunteer bublic Library in consideration of the ersonally responsible for contacting HPL and agree that the volunteer will receive no
All Volunteers:	
understand that in my capacity as a volunteer, I may come intagree to adhere to the library's policy regarding privacy of libration confidential information to the best of my abilities and not to devolunteer. I understand that a breach of confidentiality is group without advance notification may void the remainder of my voto return for any future shifts. I further understand and agree to services performed by me as a volunteer for the Hays Public Library.	to contact with confidential information. I ary patrons and to protect personal and livulge it during or after my service as a nds for dismissal. Any shifts missed lunteer agreement and I may not be asked
Notice of Request for Criminal Record Checks (age 18 are The Hays Public Library wants to ensure that we are engaging qualified to work around our patrons and their children. You we Screening, which provides a single-use link to a website where and check your junk folder. Validity Screening is a third-party the state-level, as well as a sex offender registry. To be considered to your eligibility for a volunteer assignment. Notification of circumstances will the Library knowingly hire convicted sex off being considered for. Thank you for your understanding of our	only those applicants who are able and ill be receiving an e-mail from Validity this will be completed. Please make sure vendor to check both criminal records on dered for volunteer placement. Should your ctivity, Personnel will make a determination that decision will be provided. Under no fenders, regardless of what position you are
All information listed is true and accurate.	
Applicant Signature P	Parent/Guardian Signature (for applicants under 18)
Staff Use:	
Liability waiver signedBackground check com	nplete