



# Volunteer Application

Date \_\_\_\_\_

**PLEASE PRINT:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Initial Last Month / Day / Year

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

email \_\_\_\_\_ phone \_\_\_\_\_

**Best way to contact you:**  Phone  Email

What hours are you available? (**Please be as specific as possible, for example, 9 a.m.-12 noon**)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

May we call you on short notice? \_\_\_Yes\_\_\_No

For applicants age 16 and up: Would you be interested in working with Friends of HPL at the bookstore? \_\_\_Yes\_\_\_No

Please tell us why you want to volunteer at the Library:

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

Skills:

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

Are your volunteer hours a requirement for a class or school? \_\_\_Yes\_\_\_No

If yes, total hours needed \_\_\_\_\_ Deadline for completion \_\_\_\_\_

Emergency contact \_\_\_\_\_

Name

Phone

**Have you ever been charged with a felony or misdemeanor other than minor traffic violations?** \_\_\_Yes\_\_\_No

If Yes, please list the offense: \_\_\_\_\_

**References** List two professionals who have knowledge of your work performance within the last ten years.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

**Are you able to lift 30 pounds (boxes, tables, equipment)?** \_\_\_Yes\_\_\_No

All information above is true and accurate. Please read and sign the liability and confidentiality waiver on the reverse side.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature (for applicants under 18)

Staff Use:

\_\_\_\_ Liability waiver signed

\_\_\_\_ Background check complete

# VOLUNTEER AGREEMENT

## Parental Consent / Liability / Confidentiality Waiver / Background Check

### Youth Volunteers (Parent or Guardian):

I, \_\_\_\_\_, as parent / guardian of \_\_\_\_\_ agree to indemnify and hold harmless the Hays Public Library from any and all claims or causes of action that may arise for any incidents, accidents or illnesses that may occur to my child from his / her participation in the volunteer program. I waive any right of action I have against the Hays Public Library in consideration of the volunteer's participation as a volunteer for the library. I further understand and agree that the volunteer will receive no compensation for any services performed as a volunteer of the library.

### Adult Volunteers (18 years of age and older):

I, \_\_\_\_\_, agree to indemnify and hold harmless the Hays Public Library from any and all claims or causes of action that may arise for any incidents, accidents or illnesses that may occur to my child from his / her participation in the volunteer program. I waive any right of action I have against the Hays Public Library in consideration of the volunteer's participation as a volunteer for the library. I am personally responsible for contacting HPL with any schedule changes or questions. I further understand and agree that the volunteer will receive no compensation for any services performed as a volunteer of the library.

### All Volunteers:

I, \_\_\_\_\_, understand that in my capacity as a volunteer, I may come into contact with confidential information. I agree to adhere to the library's policy regarding privacy of library patrons and to protect personal and confidential information to the best of my abilities and not to divulge it during or after my service as a volunteer. I understand that a breach of confidentiality is grounds for dismissal. Any shifts missed without advance notification may void the remainder of my volunteer agreement and I may not be asked to return for any future shifts. I further understand and agree that I will receive no compensation for any services performed by me as a volunteer for the Hays Public Library.

### Notice of Request for Criminal Record Checks (age 18 and up):

The Hays Public Library wants to ensure that we are engaging only those applicants who are able and qualified to work around our patrons and their children. The attached form gives us permission to use a third-party vendor to check both criminal records on the state-level, as well as a sex offender registry. To be considered for volunteer placement, we ask that you please complete the attached form. Should your background check yield any questionable history of criminal activity, Personnel will make a determination as to your eligibility for a volunteer assignment. Notification of that decision will be provided. Under no circumstances will the Library knowingly hire convicted sex offenders, regardless of what position you are being considered for. Thank you for your understanding of our need to protect our patrons and staff.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Consent to KBI Background Check

### ***For volunteers 18 years of age and older***

Participation with the Hays Public Library Volunteer Program is contingent upon a background check through the Kansas Bureau of Investigation (KBI) for all volunteers 18 years of age and older. Please provide the requested information below with your signature to acknowledge your consent for the KBI Background Check.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_