

**MIDLOTHIAN PUBLIC LIBRARY
VOLUNTEER APPLICATION**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Email: _____ Phone: _____

Is your community service required for school, confirmation, an honor society, etc.? Yes No

If you checked “yes,” to either of the above questions:

Number of hours required: _____ Deadline to complete: _____

SKILLS

Multilingual: _____ Technology: _____ Other: _____

AVAILABILITY

Please indicate times you are available during the library’s hours of operation (M-Th 9 AM-8 PM, F-Sa 9 AM-5 PM).

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____ Saturday: _____

EMERGENCY CONTACT

Name: _____ Relation: _____

Phone: _____

CONSENT TO LIBRARY POLICIES

Volunteers deserve to be and shall be given the respect and courtesy given to paid employees of Midlothian Public Library (“Library”). Volunteers are bound by the Library’s Volunteer Policy, Patron Behavior Policy, and all other policies and procedures of the Library. Any violation of the Library’s policies or other behavior considered inappropriate may be grounds for termination of the volunteer’s association with the library. I acknowledge that all the Library’s policies are available at www.midlothianlibrary.org or from a staff member at the Library Help Desk.

Applicant Signature: _____ Date: _____

Applicants age 18 or older, continue to reverse side.

Applicants age 18 or older must present a government-issued ID to staff.

Applicants age 18 or older applying to provide direct service to children or extensive direct service to members of the public as a whole, must fill out the “Authorization to Perform a Background Check.”

AUTHORIZATION TO PERFORM A BACKGROUND CHECK

Required for volunteer applicants age 18 and up who will provide direct service to children or extensive direct service to members of the public as a whole.

I am an applicant for volunteer service with the Midlothian Public Library (“Library”) and have been advised that as a part of the application process, the Library will conduct a full criminal background check including an investigation by the Illinois State Police Bureau of Identification and/or other appropriate agency of possible criminal offenses in my background. I further understand and agree that the Midlothian Public Library may submit my name, sex, race, date of birth, and other identifiers, as prescribed by the Illinois Department of State Police, to the said Department of State Police. Therefore, I hereby authorize and consent to a full release of all criminal background records to the Library and its designated agents, officials and representatives.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the Library or its agents, officials and representatives. I further authorize the complete release of any records or data pertaining to me which any individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release and hold harmless the Library and its agents, officials and representatives, including officers, employees, or related personnel both individually and collectively, and any other person or organization that may provide such information, including the Illinois State Police, to the fullest extent permitted by law, from any and all claims, damages, liabilities, costs and expenses (including reasonable attorney’s fees) of any kind arising out of or directly or indirectly related to the criminal history investigation, including this authorization, the request to release, and the provided information. I also consent to the Library’s use of any information provided to the Library, whether oral or written, during the application process and relating directly or indirectly to performing the criminal background check.

Upon completion of a criminal background check, a final decision regarding my volunteer application will be made. After reading this Authorization document, I fully understand its contents and authorize the criminal background check.

Applicant Signature: _____ Date: _____

Maiden Name (if applicable): _____ Date of Birth (MM/DD/YYYY): _____

Driver’s License # _____ DL State _____ Sex _____ Race _____

STAFF USE ONLY

ID Verified by: _____ Date: _____

Background Check Approved by: _____ Denied by: _____ Date: _____