



## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth (MMM) \_\_\_\_\_

Age (If under age 18, a parent or guardian must sign this application)  14-17 or  18 and over

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### COMMUNICATION PREFERENCE

We like to keep volunteers informed of important news, schedules, and volunteer opportunities by email, however if you prefer a phone call and/or texting please let us know.

Email  Phone  Texting  Other: \_\_\_\_\_

### AVAILABILITY

Please tell us how long you would like to commit to a volunteer job. Most volunteers are asked for on-going commitment of 6 months or more.

less than 6 months  6 months  9 months (school year)  one year  on-going  Summer only

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING *(9 am – 11 am)							
AFTERNOON *(12 pm – 3pm)							
EVENING *(3 pm- 6 pm)							
EVENING *(3 pm – 8pm)							

\*Times listed are guidance and do not indicate shift times

### EMPLOYMENT/SCHOOL

Please explain your employment/school status:  Part-time  Full-time  Retired Other: \_\_\_\_\_

Name of your Employer/School \_\_\_\_\_

Are you fulfilling volunteer hours for school?  Yes or  No

If yes, number of hours required \_\_\_\_\_ Date by which hours must be completed (MM/DD/YYYY) \_\_\_\_\_

#### STAFF USE

Background Check Given (18+)  Parent Signature (14 – 17) Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_

Contacted: \_\_\_\_\_ Intake Interview: \_\_\_\_\_ Orientation: \_\_\_\_\_

Updated: 2022-10-05

## REASON FOR APPLYING

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Get involved with the community | <input type="checkbox"/> Support the library | <input type="checkbox"/> Community Service/<br>Assigned by: _____ |
| <input type="checkbox"/> Gain work experience            | <input type="checkbox"/> Enjoy volunteering  |   |
| <input type="checkbox"/> Earn school service hours       | <input type="checkbox"/> Community Service/  |   |
| <input type="checkbox"/> Other: _____                    |  |   |

## TELL US WHICH AREAS YOU ARE INTERESTED IN VOLUNTEERING

Please visit our [website](#) to find out more detail.

[www.ci.cornelius.or.us/library/page/volunteering-opportunities](http://www.ci.cornelius.or.us/library/page/volunteering-opportunities)

### Programs

- Program Aide
- JobSeekers
- Tech Help
- Homework Help
- Outreach Ambassador

### Assist

- Social Media Assistant
- Library Essential Workers
- Checking in Material
- Retrieving Material
- Mend or Repair Books

## SPECIAL SKILLS OR QUALIFICATIONS

What skills, training, or knowledge do you wish to share with the library? These examples might be from employment or volunteer work, or through other activities, including hobbies or sports.

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### LANGUAGE SKILLS

Do you speak another language fluently?  No  Yes Language: \_\_\_\_\_

## HEALTH CONDITIONS

Do you have any health considerations that could affect what you can do as a volunteer that you would like us to know about?

## AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature  
(required for under 18 years old)

\_\_\_\_\_  
Date

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### OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. We will contact you as soon as we can.

# APPENDIX G

## CITY OF CORNELIUS CONSENT FORM BACKGROUND CHECK AND/OR CRIMINAL HISTORY CHECK

In order to serve the best interest of the citizens of Cornelius, the City of Cornelius conducts background checks and/or criminal history checks for all prospective employees and volunteers for positions in accordance with the City of Cornelius Employee handbook. Therefore, the following request for information must be completed and returned to the City of Cornelius, Human Resources, 1355 N Barlow Street, Cornelius, OR 97113 through the hiring supervisor. Your signature on this form authorizes the City of Cornelius to obtain information about you and your history and to investigate any matter deemed relevant to the evaluation of your qualifications for the position applied for with the City of Cornelius.

Any falsification, misrepresentation, or omission of requested information will automatically disqualify you as an applicant for the position applied for. In the event of employment, any falsification, misrepresentation, or omission of requested information will result in immediate termination, regardless of when and how discovered. As a condition of continued employment, if you are formally charged with a felony and/or misdemeanor relative to your position as defined in the job description, notification to your supervisor within 24 hours is required. Information obtained by a background check and/or criminal history check will be used only for position-related purposes and only to the extent permitted by applicable law and will be kept in a confidential file separate from personnel records.

Please print legibly:

POSITION APPLYING FOR	DATE	SUPERVISOR NAME/EXT.
Library Volunteer		

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FIRST	MIDDLE	LAST	NAME (Include all names used - past or present)	TELEPHONE NUMBER
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DATE OF BIRTH	GENDER	SOCIAL SECURITY NO.	DRIVER LICENSE NO. / STATE
	Male/Female		(mo/day/year) Expiration Date

HOME ADDRESS (Include ALL out-of-state addresses within last three years)

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HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, LIST BELOW:

\_\_\_\_ I hereby authorize, without reservation, any law enforcement agency or information service bureau to furnish the requested information. I have read and understand this request for information and agree to hold the City of Cornelius and its officers, agents, and employees harmless from any liability resulting from the use of the information requested.

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\_\_\_\_ Applicant's Signature Date