



# Volunteer Application

(Please Print Clearly)

Volunteer Opportunity I am most interested in: \_\_\_\_\_

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

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

\_\_\_\_\_  
Home Phone Cell Phone Email Address

Best way to make contact: \_\_\_ Home Phone \_\_\_ Cell Phone \_\_\_ Email

You must be 14 years of age or older to volunteer at Morrisson-Reeves Library. If you are 14-17 years of age, please provide your date of birth. mm \_\_\_\_/dd \_\_\_\_/yyyy \_\_\_\_  
Age requirements may vary for particular assignments based on age-appropriateness or skills required for the position.

## EDUCATION and EXPERIENCE

EDUCATION: (Please circle last year completed) Jr./High School 8 9 10 11 12 College 1 2 3 4 5 6

SPECIAL TRAINING/LICENSES: \_\_\_\_\_

WORK EXPERIENCE/PRESENT OCCUPATION: \_\_\_\_\_

FLUENT LANGUAGES: (other than English) - include signing for the deaf (if applicable)

Language(s) \_\_\_\_\_ Read \_\_\_ Speak \_\_\_ Write \_\_\_

PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

I heard about volunteering at Morrisson-Reeves Library from: \_\_\_\_\_

I want to volunteer at Morrisson-Reeves Library because: \_\_\_\_\_

Please list any specific experience, hobbies, talents, gifts, or interests you have that you might wish to share with others: \_\_\_\_\_

(continued on back)

Time Available for Volunteer Work: \_\_\_\_\_ Hours per day (# of hrs) \_\_\_\_\_ Times per week (number of times)

Length of commitment: \_\_\_ 6 months \_\_\_ 12 months \_\_\_ Other \_\_\_\_\_ (specify)

Preferred time: \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings

Preferred days (please circle): MON TUES WED THU FRI SAT

REFERENCES: As part of the screening and placement process, all volunteers are required to provide two (2) personal references that are not members of their immediate family.

1. \_\_\_\_\_  
Name Relationship Phone Number

2. \_\_\_\_\_  
Name Relationship Phone Number

As a Volunteer, I fully understand and agree to the following. PLEASE READ CAREFULLY BEFORE SIGNING.

- . That except as authorized, during my service as a volunteer I will not use Morrisson Reeves Library facilities and equipment, nor disclose, release or make use of any confidential or personal information that has been shared with, or acquired by, me.
. I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I further understand that there is no employment relationship as a result of my volunteer activity. Further I understand that the Library may at its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.
. I expressly authorize, without reservation, Morrisson-Reeves Library, its representatives, employees or agents to contact and obtain information from all references (personal and professional) to verify the accuracy of all information provided by me in the Volunteer Application and subsequent interview including, but not limited to, my performance, character, reputation, and previous/current volunteer record. I hereby release from liability Morrisson-Reeves Library, its representatives, employees or agents for seeking, gathering and using such information in the volunteer assignment process and all other persons, organizations and corporations for furnishing such information about me.
. I authorize Morrisson-Reeves Library to make any investigation of my personal history and criminal history through any investigative agencies or bureaus of their choice including, but not limited to, the Richmond Police Department, Wayne County Corrections Facility, Indiana State Police, Sex Offender Registries, legal authorities and/or any other source that may provide information relative to the candidate's suitability for volunteer assignments at Morrisson-Reeves Library. The extent of the criminal history and background review is at the sole discretion of Morrisson-Reeves Library. A criminal history or criminal conviction will not automatically preclude a volunteer assignment. The nature of any reported offense and its relevance to the particular assignment would be considered on a case-by-case basis. I hereby release Morrisson-Reeves Library and its representatives and all other persons, agencies and bureaus from any liability or damages for having requested or furnished such information.
. I agree to indemnify and hold harmless the Library from all claims, demands, causes of action, loss, costs or damages that the Library may suffer, incur or be liable for in relation to any injury or property damage I may suffer or cause in connection with my participation as a volunteer. I hereby release, waive, and discharge the Library from all liability to my heirs, executors, administrators, and assignees for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.
. I am aware of the nature and effect of the volunteer understanding and waiver of liability that I am signing. I acknowledge having read, understood, and agree to the above conditions, release, and waiver.
. I certify that all statements made by me in this application, and any attached documents, are true and complete to the best of my knowledge and belief, and are made in good faith.

If under 18 years of age, a parent or legal guardian is required to sign.

- . I hereby certify that I am the parent/legal guardian of \_\_\_\_\_, a minor, and that s/he has my permission to serve as a volunteer with Morrisson-Reeves Library. As the parent/legal guardian, I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

Signature of Volunteer or Parent/Legal Guardian

Date

RICHMOND POLICE DEPARTMENT

CITY OF RICHMOND

RECORDS DIVISION

VOLUNTEER NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

ALIAS AND/OR OTHER NAMES (MAIDEN, ETC): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

.....

TODAY'S DATE: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY GIVE AUTHORIZATION TO THE RICHMOND, INDIANA POLICE DEPARTMENT TO PROVIDE ANY INFORMATION CONCERNING MY RECORD AND/OR ARRESTS, OR PENDING WARRANT THAT I MAY HAVE TO \_\_\_\_\_.

\_\_\_\_\_  
VOLUNTEER'S SIGNATURE

.....

DOES VOLUNTEER HAVE A RECORD? \_\_\_\_\_ YES \_\_\_\_\_ NO

RPD RECORD NUMBER \_\_\_\_\_

See additional \_\_\_\_\_ pages of record.

COMMENTS \_\_\_\_\_

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

\_\_\_\_\_  
RECORD'S CLERK SIGNATURE

INFORMATION CONCERNING THIS VOLUNTEER'S RECORD WAS DISTRIBUTED TO:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please be advised, this is a local record check only.**

WAYNE COUNTY CORRECTIONS FACILITY

RECORDS DIVISION

VOLUNTEER NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

ALIAS AND/OR OTHER NAMES (MAIDEN, ETC): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

.....

TODAY'S DATE: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY GIVE AUTHORIZATION TO THE WAYNE COUNTY CORRECTIONS FACILITY TO PROVIDE ANY INFORMATION CONCERNING MY RECORD AND/OR ARRESTS, OR PENDING WARRANT THAT I MAY HAVE TO \_\_\_\_\_.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

.....

DOES VOLUNTEER HAVE A RECORD? \_\_\_\_\_ YES \_\_\_\_\_ NO

WCCF RECORD NUMBER \_\_\_\_\_

See additional \_\_\_\_\_ pages of record.

COMMENTS \_\_\_\_\_

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

\_\_\_\_\_  
RECORD'S CLERK SIGNATURE

INFORMATION CONCERNING THIS VOLUNTEER'S RECORD WAS DISTRIBUTED TO:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please be advised, this is a county record check only.**