

# APPLICATION

## ADULT LIBRARY VOLUNTEER (18 Years & Older)

1. Please print clearly.
2. Complete each section.
3. Complete Background Check authorization.

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

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (H): (\_\_\_\_) \_\_\_\_\_ Phone (W): (\_\_\_\_) \_\_\_\_\_

Phone (C): (\_\_\_\_) \_\_\_\_\_

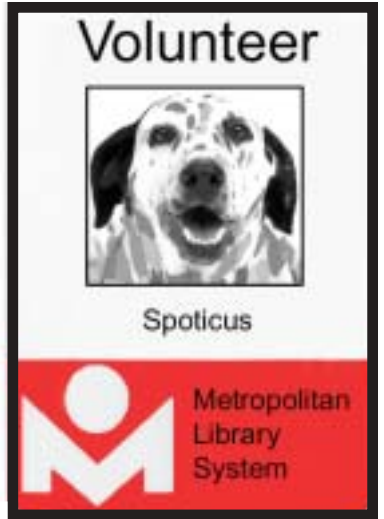
### EMERGENCY CONTACT:

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

Phone (H): (\_\_\_\_) \_\_\_\_\_ Phone (W): (\_\_\_\_) \_\_\_\_\_

Phone (C): (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_



**STAFF USE ONLY**

Form signed

Original Application & Background Check sent to Volunteer Services

References checked

Interview completed

Background Check approved by DVS

HIPAA Training completed & sent to HUM

### VOLUNTEER ASSIGNMENT INTERESTS (please check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> BULLETIN BOARDS / DISPLAYS | <input type="checkbox"/> GENEALOGY         | <input type="checkbox"/> MEND / LABEL BOOKS | <input type="checkbox"/> SPECIAL EVENTS / PROJECTS |
| <input type="checkbox"/> CHILDREN'S PROGRAMS        | <input type="checkbox"/> LITERACY PROGRAMS | <input type="checkbox"/> PLANT CARE         | <input type="checkbox"/> TECHNOLOGY COACH          |
| <input type="checkbox"/> CLERICAL                   | <input type="checkbox"/> MAILINGS          | <input type="checkbox"/> SHELIVING          | <input type="checkbox"/> NO PREFERENCE             |

### VOLUNTEER LOCATIONS OF INTEREST (please mark in order of preference):

- |                  |              |            |                  |                   |                |
|------------------|--------------|------------|------------------|-------------------|----------------|
| ___ BELLE ISLE   | ___ CHOCTAW  | ___ EDMOND | ___ LUTHER       | ___ RALPH ELLISON | ___ WARR ACRES |
| ___ BETHANY      | ___ DEL CITY | ___ HARRAH | ___ MIDWEST CITY | ___ SOUTHERN OAKS | ___ WRIGHT     |
| ___ CAPITOL HILL | ___ DOWNTOWN | ___ JONES  | ___ NICOMA PARK  | ___ THE VILLAGE   |                |

### VOLUNTEER AVAILABILITY (hours for volunteering are flexible and vary according to library site):

	SUN	MON	TUES	WED	THURS	FRI	SAT	I will be available to volunteer starting:
9 a.m. - Noon		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Noon - 5 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 p.m. - 9 p.m.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Month _____ Day _____

### REFERENCES

Personal Reference: \_\_\_\_\_ Name Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment/School Reference: \_\_\_\_\_ Name Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Volunteer Reference: \_\_\_\_\_ Name Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### Background:

Languages spoken (other than English): \_\_\_\_\_ Employer: \_\_\_\_\_ Degrees \_\_\_\_\_ Highest grade completed? \_\_\_\_\_

**Please sign below after you have read and understand all statements on both pages.**

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Metropolitan Library System of Oklahoma County from any liability for supplying such information.

I understand that the Metropolitan Library System reserves the right to screen volunteers and will not accept as a volunteer anyone who would jeopardize any aspect of library service or the safety of library staff and customers.

I understand that if I am unable to fulfill a scheduled time for any reason, I am to notify my library supervisor as soon as possible.

I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected library site and supervisor.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the library to which I am assigned. I further understand that as a volunteer, I am not eligible for workers compensation insurance.

I also understand that by volunteering, I am not guaranteed any special consideration for any future permanent employment with the Metropolitan Library System of Oklahoma County, should I ever apply for a position.

I also agree photograph(s), audio, or video(s) of me may be used by the Metropolitan Library System of Oklahoma County for publicity purposes in newspaper/TV/radio ads & on the MLS website. MLS will identify me by first name only, and no other information will be released to the media or published in any internal publication without authorization from me.

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



**LIBRARY USE ONLY**

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

LIBRARY: \_\_\_\_\_

VOLUNTEER SUPERVISOR: \_\_\_\_\_  
Name

Interview Date: \_\_\_/\_\_\_/\_\_\_ Training Date: \_\_\_/\_\_\_/\_\_\_ Volunteer Service Begins: \_\_\_/\_\_\_/\_\_\_

Volunteer Service Ends: \_\_\_/\_\_\_/\_\_\_ DVS Notified of Ending: \_\_\_/\_\_\_/\_\_\_

Comments:

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



## Authorization for Background Check

(For persons 18 years and older.)

During the application process and at any time during the tenure of my volunteer service with the Metropolitan Library System, I hereby authorize LexisNexis Screening Solutions Inc., on behalf of the Metropolitan Library System to procure a background report that I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other sources required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

If a conviction record is found on an individual submitting an application, the applicant will be considered individually based on the following:

- The length of time since a conviction
- The nature of the crime
- The relationship between the job to be performed and the crime committed
- The number of convictions
- The rehabilitation efforts
- Subsequent employment history

Based on these criteria, possibility of service and volunteer placement will be decided by the administration of the Metropolitan Library System.

\_\_\_\_\_  
Applicant/Volunteer Name and Signature

\_\_\_\_\_  
Date

**Oklahoma Residents please note:** Under Oklahoma law, you have a right to receive a free copy of your background report by checking the appropriate box below.

- YES, I am an Oklahoma resident and would like a free copy of my background report.

***Please Print***

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Name Suffix \_\_\_\_\_

Other Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

House Number \_\_\_\_\_

Gender  Male  Female

Street Name \_\_\_\_\_

*(Physical address only, no P.O. Box number)*

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_

Zip \_\_\_\_\_

All information on this form will remain confidential.

**Metropolitan Library System Volunteer Services Office, 606-3762**