



Library Services Volunteer Application

Application must be completed fully, by the applicant. ALL information is required and will be used solely within Hillsborough County Library Services. Please complete both sides of this application and **print clearly.**

PERSONAL INFORMATION

Name _____

Street Address _____ City/Zip _____

Mailing Address (if different) _____ City/Zip _____

Email _____ Telephone _____ Cell _____

Date of Birth _____ Driver's license number _____ County _____ State _____

Are you presently employed? Yes No May we contact you at work? Yes No Work Telephone _____

Do you have a car? Yes No If yes, do you have auto liability insurance? Yes No

School _____ Grade Level _____

PERSONAL REFERENCES

(Do not include family members)

Name _____ Telephone _____

Address/City/State/Zip _____ Years Known _____

Name _____ Telephone _____

Address/City/State/Zip _____ Years Known _____

PREVIOUS VOLUNTEER/WORK EXPERIENCE

Other volunteer/work experience _____

Have you previously worked for a library system? Yes No Where? _____ When? _____

Special skills/education/training/languages _____

I would like to volunteer in the following area (Please check one).

Friends of the Library (FOL)	Adult Literacy Tutor	Teen Social Media Intern Program (SMIP)
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I would prefer to work at the following library locations (up to 3) _____

I am available to work the following days and hours _____

COMMUNITY SERVICE

If Bright Futures requirement, Community Service documents must be filed with school representative prior to serving any volunteer hours as per guidelines outlined at <http://www.sdhc.k12.fl.us/INVOLVEMENT/Documents/index.asp>

I agree _____ (please initial)

<input type="checkbox"/> Scholarship Requirement No. Hours _____ By _____	<input type="checkbox"/> Other-please explain: _____ _____
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HILLSBOROUGH COUNTY IS A DRUG-FREE WORKPLACE

When the County utilizes volunteers, it assumes certain risks; therefore, personal information is required.

Omitting minor traffic violations and any offense committed as a minor which was adjudicated in a juvenile court or under a youth offender law, have you ever pled guilty, been convicted of OR pled no contender to any crime as an adult? Yes No

Do you currently have any Law violations pending against you? Yes No

If you answered YES to either Law violation question please provide the following information:

Type of violation _____	Type of violation _____
Date of occurrence _____	Date of occurrence _____
City/State _____	City/State _____
Penalty Imposed _____	Penalty Imposed _____

(Please list additional violations on a separate sheet of paper and include with the application.)

As a volunteer for the County, you are considered by law the same as an employee of the county and are afforded certain benefits.

LIABILITY INSURANCE-Hillsborough County is self-insured and volunteers will be covered to the same extent as employees when performing their assigned duties. It is imperative that any incidents be reported to the supervisor immediately. **I agree** _____
(please initial)

WORKERS' COMPENSATION-Volunteers injured while performing their assigned duties will be covered by workers compensation to the same extent as employees. It is imperative that any accident/injury be reported to the supervisor immediately. **I agree** _____
(please initial)

I understand that a background check will be completed if accepted as a volunteer. **I agree** _____
(please initial)

All volunteers will be required to provide one of the following forms of identification at the time of orientation: valid Driver's License or valid State ID, student identification card, employee identification card, military identification card, passport or visa, immigration record, or consulate issued ID.

Volunteers 17 years of age or younger may substitute one of the following forms of identification if any of the photo identifications above are not available: birth certificate, immunization record, school issued record, social security card, or health insurance card.

Applicant Signature _____ Date _____

If 17 years of age or younger, this portion must be completed

PARENT/GUARDIAN CONSENT

I, _____, as parent or legal guardian of _____
(please print) (please print)

hereby give my consent for him/her to participate as a volunteer with Hillsborough County Library Services. I understand that there will be supervision by a county employee and that all safety regulations pertaining to the job will be followed.

Office use only - Date checked _____ <input type="checkbox"/> Sat <input type="checkbox"/> Unsat Vol. Coord. _____/_____/_____ Follow Up _____/_____
Comments _____
Start/End Date _____/_____ <input type="checkbox"/> Welcome <input type="checkbox"/> Dress Code <input type="checkbox"/> Injury Form (2 pages) <input type="checkbox"/> Relative Discl. <input type="checkbox"/> HIPAA <input type="checkbox"/> Drug <input type="checkbox"/> Harassment <input type="checkbox"/> Timesheet <input type="checkbox"/> End