



# 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

## 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

<input type="checkbox"/> Computer hardware/software	<input type="checkbox"/> Data entry	<input type="checkbox"/> Library circulation	<input type="checkbox"/> Displays	Work with: <input type="checkbox"/> Children <input type="checkbox"/> Teens <input type="checkbox"/> Adults
<input type="checkbox"/> Library reference service	<input type="checkbox"/> Shelving	<input type="checkbox"/> Customer service	<input type="checkbox"/> Public/Private School	
<input type="checkbox"/> Dewey Decimal System	<input type="checkbox"/> Using a Copier	<input type="checkbox"/> Creative design	<input type="checkbox"/> Nonprofit organization	

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 work in the following areas (check all that apply)

<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Clerical/Circulation	<input type="checkbox"/> Technology	<input type="checkbox"/> Summer programs	<input type="checkbox"/> Other-please explain _____
<input type="checkbox"/> Literacy tutor	<input type="checkbox"/> Bookstore	<input type="checkbox"/> Special events	<input type="checkbox"/> Gaming	

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 Court ordered Community Service or WorkFare requirement, the Volunteer Coordinator must have copies of all required forms/documents/paperwork with this application in order to approve/process. I agree \_\_\_\_\_ (please initial)

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"/> Court-order Community Svc No. Hours _____ By _____ Reason _____	<input type="checkbox"/> Workfare/Food Stamps No. Hours _____ By _____	<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 _____ Date of occurrence _____ City/State _____ Penalty Imposed _____	Type of violation _____ Date of occurrence _____ City/State _____ Penalty Imposed _____
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(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 training: 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 \_\_\_\_\_  Sat  Unsat Vol. Coord. \_\_\_\_\_ / \_\_\_\_\_ Follow Up \_\_\_\_\_ / \_\_\_\_\_

Comments \_\_\_\_\_

Start/End Date \_\_\_\_\_ / \_\_\_\_\_  Welcome  Dress Code  Injury Form (2 pages)  Relative Discl.  HIPAA  Drug  Harassment  Timesheet  End