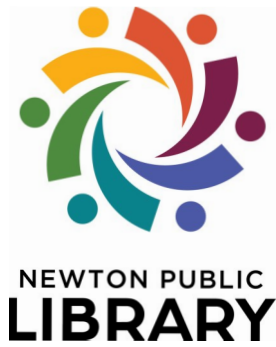


Name: \_\_\_\_\_



# Volunteer Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you at least 14 years of age?      YES      NO

Have you ever been convicted of a crime?      YES      NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What types of volunteer work are you interested in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you available to volunteer at least 4 hours per month?      YES      NO

What hours/days/times are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_



# Volunteer

## Background Consent Form

- Volunteers who work directly with and/or may be unsupervised with minors and vulnerable populations (such as homebound) will be asked to complete a background check.
- Volunteers will not be discriminated against based on any factor including but not limited to race, ethnicity, gender, or religion.
- The library will conduct national background checks that review the following information: criminal records, and driving records if it directly relates to the volunteer position.
- The following information will be requested from volunteers in order to conduct the background check: name, social security number, address, contact information, Driver's License # (if applicable) and date of birth.
- If negative records are disclosed, a confidential meeting will be held with the volunteer. The meeting will be conducted by the Assistant Library Director.
- Access to all background checks will be limited to Assistant & Executive Library Directors.
- Cost of the background checks is paid by Newton Public Library.

Negative records that will be considered when eliminating potential volunteers from volunteering in the library will include but are not limited to drug offense, arson, violence against other persons, or sexual assault.

I consent to Newton Public Library conducting a background check in line with the above parameters.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Legal Name (First, Middle, Last): \_\_\_\_\_

Previous/Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

Driver's License # (If Driving Check Required): \_\_\_\_\_

Name: \_\_\_\_\_



# Volunteer Handbook

## Receipt Acknowledgment

I acknowledge that I have received and reviewed the NPL Volunteer Manual.

The volunteer handbook describes important information about Newton Public Library, and I understand that I must consult the Assistant Library Director regarding any questions not answered in the handbook.

I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it. I understand that failure to abide by these policies may result in my dismissal from the NPL Volunteer Program

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date