BARRINGTON AREA LIBRARY

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name _____ Date of Application _____

Street Address _____ Phone _____

City/State/Zip_____ E-Mail_____

Highest Level of Education Completed (please check one):

□ Current Elementary School Student	□ Current High School Student	□ High School Graduate
□ Associates Degree	□ College Degree	□ Trade/Vocational School

Are you 18 years of age or older?   □ No   □ Yes
- *While we accept applications from all ages, not all volunteer opportunities are available for those under 16 years of age.*
- *Applicants under 18 must have signed application approval by a parent or guardian (found at the end of the application)*

BACKGROUND INFORMATION

Why are you interested in volunteering?

Relevant Work Experience or Skills:

Volunteer Experience:

Volunteer Areas of Interest:

AVAILABILITY

One-time event? □ No □ Yes   Name of Event _____   Date of Event _____

On-going project? □ No □ Yes   Projects of Interest: _____

Please list the optimal times you are willing to commit to the volunteer service and select am or pm.
Volunteer hours will be scheduled as needed and within the library's hours of operation.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
To	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

STUDENTS ONLY:

Is this volunteer work for a school requirement?   □ No   □ Yes

Will you require validation of your hours?   □ No   □ Yes

Name of school _____

Total hours required for the program _____   by (date) _____

School/Organization Contact: Name _____   Phone _____

Email of School Contact _____

EMERGENCY CONTACT INFORMATION

Name: **Phone Number:**   **Relation:**

(1)_____

(2)_____

VOLUNTEER GUIDELINES:

Background Check
Successful completion and evaluation of a criminal background check is required for all volunteers 18 years of age and older. You may not be able to start your volunteer service until the background check is complete. You will be contacted by the coordinator to complete the appropriate form.

Schedule/Attendance
Attendance is recorded. Commitment to your agreed-upon volunteer schedule is crucial for a rewarding experience. Volunteers should notify the coordinator of any necessary absence from duty as far in advance as possible.

Time-Keeping Procedures
For record-keeping and recognition purposes, all volunteers are required to log their volunteer hours with their coordinator.

Identification Badges
Volunteer badges are to be worn while on duty. Badges are to be kept in the Library.

Conduct
Maintain professional and respectful interactions with staff, other volunteers, and the public. Accepted volunteers will adhere to the Library's code of conduct.

Resignation/Dismissal
Both the volunteer and the Library's Executive Director have the authority to end the volunteer's service at any time. If you cannot continue your volunteer service, we kindly request written and ample notice whenever possible.

Community Service
The Barrington Area Library does not accept volunteer applications for any court-mandated or community service requirements.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all the information submitted by me on this application is TRUE AND COMPLETE. I further understand that if any FALSE INFORMATION, omissions, or misrepresentations are either contained in my application or given during any interview and are discovered, my APPLICATION MAY BE REJECTED and, my VOLUNTEER SERVICES MAY BE TERMINATED at any time. I also understand and agree that the TERMS & CONDITIONS of volunteering may CHANGE, with or without cause, and with or without notice at any time by the library.

Applicant's Signature   _____   Date _____

For volunteer applicants under 18 years of age, signature approving the application of a minor:

Signature of permission by parent or guardian_____ Date _____

Thank you for your application!
We appreciate your willingness to offer your time and talent to serve others at the Library!

VOLUNTEER CRIMINAL BACKGROUND CHECK AUTHORIZATION
Applicants 18 years of age and older to complete this section

I understand that a successful criminal background check is a condition of volunteering with the Barrington Area Library. I understand that refusal to submit to such a background check will result in the termination of processing of my volunteer application. By signing this document, I am authorizing the Barrington Area Library to conduct a criminal background check of me.

I have read and fully understand this criminal background check authorization and waiver.

Volunteer's Signature: _____   Date: _____

Print Name: _____

Date of Birth (month/day/year): _____

Once we receive your consent to process your criminal background check, you will be receiving an email from Paycom. Paycom is a third party that processes all of our secure and private background checks for employees and volunteers. You will be asked to supply some personal information so that your background check can be completed. Thank you for your assistance in completing this process.