



VOLUNTEER APPLICATION FOR ADULTS

Please return to any of the Mid-Columbia Libraries

If you are under 18 years old, please complete the Libraries' Volunteer Application for Youth

Tell us about yourself

Name _____
Last _____ *First* _____ *Middle* _____

Nickname _____ Maiden Name _____

Address _____
Street _____ *City* _____ *State* _____ *Zip* _____

Home Phone _____ Email Address _____

Work Phone _____ Emergency Contact _____

Cell Phone _____ Relationship _____

Current Employer _____ Emergency Contact Phone: _____

Position _____

Volunteer Experience Briefly describe any volunteering you have done.

Special Skills or Interests (i.e.: foreign language, computers skills)

References Please list two that are not related to you.

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

What programs interest you?

Storytime/Children's Program Assistance

Special Events

Summer Reading Challenge Assistance

Other _____

What hours can you volunteer?

Monday _____ Thursday _____ Saturday _____
Tuesday _____ Friday _____ Sunday _____
Wednesday _____

How long will you be able to serve as library volunteer? _____

In what branch(es) would you like to volunteer?

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Basin City | <input type="checkbox"/> Keewaydin Park | <input type="checkbox"/> Pasco |
| <input type="checkbox"/> Benton City | <input type="checkbox"/> Kennewick | <input type="checkbox"/> Prosser |
| <input type="checkbox"/> Connell | <input type="checkbox"/> Merrill's Corner | <input type="checkbox"/> West Pasco |
| <input type="checkbox"/> Kahlotus | <input type="checkbox"/> Othello | <input type="checkbox"/> West Richland |

I certify that the information in this application is accurate to the best of my knowledge. **I understand that all volunteer positions with Mid-Columbia Libraries will require a Washington State Patrol Criminal History Check.**

Confidentiality Statement:

I understand that in the course of my work as a volunteer I may have access to personal information about library users, including their requests for information and records of materials they may have borrowed. I hereby agree to hold such information in complete confidence and to access it only in the course of performing my volunteer assignment.

Signature of Applicant _____ Date _____

Name of Applicant _____

Thank you for your interest in Mid-Columbia Libraries. Once your application is processed, you will be contacted by a member of the staff.

For Library Staff:

Branch Location _____ Application Complete _____ Project Available _____

Branch Volunteer Contact _____



Applicant Disclosure Form

Mid-Columbia Libraries
405 S. Dayton Street
Kennewick, WA 99336

In accordance with Revised Code of Washington (RCW) 43.43.830-43.845 a signed disclosure statement must be completed before a criminal background check is conducted. You must answer YES or NO to each listed question when you complete this form.

If you are unsure whether to check yes or no, please answer the question to the best of your ability and state the reason for your uncertainty on an attached sheet of paper.

1) Have you been convicted of any crime?

NO YES

2) Have any findings been made against you in any civil adjudicative proceeding as defined in RCW 43.43.830? "Civil adjudicative proceeding" is defined as a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law, including but not limited to chapter 13.34., 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudicative proceeding" also includes judicial or administrative findings that become final due to the failure of the alleged perpetrator to timely exercise a legal right to administratively challenge such findings.

NO YES

If you answer YES to any question above, you must provide the following information on an attached sheet of paper along with your signature:

**Question Number – Date of Conviction – Offense
County & State Disposition Court – An explanation**

I attest under penalty of perjury that the information I Have provided is true and accurate to the best of my knowledge. I hereby authorize Mid-Columbia Libraries to conduct a background inquiry on me. I understand that any offer of employment, paid or unpaid, is contingent on the successful outcome of this background check. This background inquiry is in compliance with the Child/Adult Abuse Information Act (RCW 43.43.830 – 845).

Applicant Signature: _____ Date: _____

Legal Name (Please print): _____
First Middle Last

Date of Birth: _____
MM / DD / YYYY