

Blanco County South Library District

James A. and Evelyn Williams Memorial Library

1118 Main Street

Blanco, Texas 78606

TELEPHONE (830) 833-4280

FAX (830) 833-2680



Volunteer Form

*Please complete this form and the attached
Background Check Authorization Form and return it to the Library Director.*

Personal Information

Name: _____ Date: _____

First

Last

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Physical limitations: _____

Previous Volunteer Experience

Have you ever volunteered before? Yes No

If yes, please list where: _____

If yes, please give us a brief description of duties: _____

Emergency Contact

1) Name: _____ Relationship: _____

Phone Number: _____ Type of Phone Number (circle one): Work Home Cell

References

List two employers, supervisors, teachers, or non-relatives we may contact for reference:

1) Name: _____ Relationship: _____

Phone Number: _____ Type of Phone Number (circle one): Work Home Cell

2) Name: _____ Relationship: _____

Phone Number: _____ Type of Phone Number (circle one): Work Home Cell

Volunteer Job Descriptions Available

Please check the box of the duties that interest you.

- Adopt-A-Shelf Volunteer** – Main Duties: Maintain orderly & clean shelves
 - Time commitment: 2 hours every 2 weeks, minimum of 6 months
 - Book Cover Volunteer** – Main Duty: Cover books with vinyl
 - Time commitment: 1-2 hours per week
 - Circulation Desk Volunteer** – Main Duties: Circulate items, issue library cards, shelve materials, and answer questions
 - Time commitment: 4 hours per week or twice a month (depending on the shift)
 - Library Literary Critic** – Main Duties: Provide short reviews of library books, movies, CDs, and other materials
 - Time commitment: Varies
 - Library Page** – Main Duties: Maintain orderly & clean shelves, shelve materials, other duties as assigned
 - Time commitment: TBD for **teen** volunteers (must have a sponsoring Library Page Mentor agreed upon by Librarian)
 - Online Library Sale Assistant** – Main Duties: Price materials and arrange for the sale of them online
 - Time commitment: 2 hours per month
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I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that I am not guaranteed a volunteer position by submitting this application. I understand that, if accepted, I will work within my assigned areas of responsibility without any monetary compensation.

Signature

Printed Name

As a volunteer you will be working with a variety of people. One of our top priorities is to provide safety to our patrons and staff.

Have you received the COVID – 19 Vaccine and at least one booster?

Yes No

Background Check Authorization Form

By signing below I authorize the Blanco County South Library District (BCSLD) to investigate my qualifications, references, and computerized criminal history (CCH) for purposes of evaluating whether I am qualified for the position for which I am applying. The BCSLD is allowed by state law to obtain criminal history information on applicants who intend to volunteer, as well as anyone currently volunteering at the BCSLD (Texas Government Code 411.1401). The CCH may be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is *not* allowed to discuss with me any CHRI obtained using this method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the search.

If I am required to complete the fingerprint process, I will make an appointment with the Fingerprint Applicant Services of Texas (FAST) by calling the DPS Program Vendor at 1-888-467-2080, or by going online to http://www.dps.texas.gov/administration/crime_records/pages/applicantfingerprintservices.htm, submit a full and complete set of fingerprints, request a copy sent to the agency listed above, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed, the information on my fingerprint criminal history record may be discussed with them.

I hereby release the BCSLD and the firm(s) they use from all liability for any claim or damage resulting from such research. Results are confidential and will be seen only by the Director, but may be shared with the Library Board, if necessary. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Signature: _____ Date: ___/___/___

List all names that you have used during the last 7 years (including married, maiden, and aliases): Please Print

Name (First, Middle, Last): _____ Date of birth: ___/___/___

Maiden or Other Name (First, Middle, Last): _____

Driver's license or State ID number: _____

Date of expiration: _____

Bottom section for Office Use Only

Date CCH Report Run: ___/___/___ Printed: Yes No Initial: _____

Date Printed: ___/___/___ Date Destroyed: ___/___/___ Initial: _____

Signature of Agency Representative: _____