



Northwest Regional Library System Volunteer Application



PERSONAL DATA	Name			
	Last	First	Middle	
	Present Address			
	No. & Street	City	State Zip Code	
	Permanent Address (if different from above)			
	No. & Street	City	State Zip Code	
	Social Security Number	Date of Birth		
	Telephone	Alternate Telephone		
	Have you ever volunteered for us? If yes, give name used and location of library. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are you related to anyone who volunteers for us or who is employed by us? If yes, give name and relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently or were you previously employed by the Bay County Board of County Commissioners? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMPLOYMENT	DATES	EMPLOYER OR VOLUNTEER ORGANIZATION	POSITION/RESPONSIBILITIES	
	FROM			
	TO			Immediate Supervisor
				Telephone Number
			Reason for Leaving	
	FROM			
	TO			Immediate Supervisor
				Telephone Number
			Reason for Leaving	
	FROM			
	TO			Immediate Supervisor
				Telephone Number
		Reason for Leaving		

EDUCATION	Circle Highest Grade Completed:																			
	First Through Ninth Grade			High School		College		Graduate School												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Type of School	Name & Address					From Mo/Yr	To Mo/Yr	Major Course Work	Did you graduate?	Degree									
	High School																			
	Business or Trade																			
	College																			
Graduate																				
Other																				
MISCELLANEOUS	Driver's License or State Identification Card:																			
	Type: _____ No.: _____ Exp. Date: _____																			
	<i>We cannot accept expired identification.</i>																			
	If known by other names other than the name listed on this application, please list names below:																			
Have you been convicted of a felony within the last 4 years? If yes, please explain.																				
<input type="checkbox"/> Yes <input type="checkbox"/> No																				
<i>An affirmative answer may disqualify applicant from volunteering.</i>																				
Have you ever been discharged from or forced to resign for misconduct or unsatisfactory performance as an employee or volunteer? If yes, please explain.																				
<input type="checkbox"/> Yes <input type="checkbox"/> No																				

PLEASE READ – INITIAL -- AND SIGN STATEMENTS BELOW

Initials

I understand and agree that all policies and procedures may be modified, amended, or deleted by the Bay County Board of County Commissioners / Northwest Regional Library System with or without notice to me. The policies and procedures, whether oral or written, are guidelines only and are not to be interpreted as a contract to volunteer and/or for employment, or to give me any right to continue to volunteer. My volunteer services may be terminated at the will of either me, the County, or the Library System, and may be terminated without cause and with or without notice by any party. I also understand any other arrangements, agreements, or understandings regarding the term of volunteer services are hereby canceled and superseded, and that no amendment or exceptions to this statement is valid unless in writing.

Initials

I certify that all information given on this Volunteer Application is true and correct. I understand that the Bay County Board of County Commissioners will make a thorough investigation of my volunteer, employment, and personal history. I authorize the Bay County Board of County Commissioners to conduct said investigation. I also authorize the giving and receiving of any such information requested by the Bay County Board of County Commissioners. I understand that falsification of any information so given or other derogatory information discovered as a result of this investigation will prevent my selection as a volunteer or subject me to immediate dismissal from the volunteer roster. If I am approved to volunteer for the Northwest Regional Library System, I will conform to the rules and regulations of the County and the Library System.

Signature

Date





NORTHWEST REGIONAL LIBRARY SYSTEM
(A DEPARTMENT OF BAY COUNTY)
RELEASE OF LIABILITY



Name of Volunteer: _____

Department: Northwest Regional Library System

I hereby release and agree not to hold liable the Bay County Board of County Commissioners, its officers, agents, and employees from any and all claims arising from my service as a volunteer.

I further agree to the following:

1. That volunteers for the Bay County Board of County Commissioners have no expectation of compensation and that the Bay County Board of County Commissioners may, at any time, for whatever reason, decide to make changes in the volunteer assignment or terminate the volunteer relationship with the Bay County Board of County Commissioners. I understand that I may decide to sever my volunteer relationship with the Bay County Board of County Commissioners at any time, and notice of such a decision should be communicated as soon as possible to a supervisor.
2. That while participating in this program, I am not an agent, servant, or employee of the Bay County Board of County Commissioners, and therefore will not be covered by the Bay County Board of County Commissioners for any health, death, or disability benefits.
3. To release and hold harmless the Bay County Board of County Commissioners, its officers, agents, and employees from any and all claims, liabilities, damages, costs or expenses of any kind that may arise out of my performance as a volunteer. Further, I agree to indemnify and hold each of the released parties harmless against any and all liabilities, claims, damages, costs or expenses of any kind, including attorneys' fees, arising from my participation in this activity. I understand and agree that this Release includes any claims based on negligence. This waiver of any right of action against the Bay County Board of County Commissioners is in consideration of my ability to serve as a volunteer.
4. To abide by the policies and procedures of the Bay County Board of County Commissioners relating to the performance of duties and responsibilities assigned to me.
5. That any information I may gain through participation in County activities will be used only for educational purposes, except to the extent otherwise required by law.

I certify that I have read and understood the above agreement as the terms under which I will be allowed to participate as a volunteer with the Bay County Board of County Commissioners.

 Volunteer Printed Name

 Volunteer Signature

 Date

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment application with Bay County Library (Accurate Background Check Inc), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Accurate Background Check, Inc., 519 South Pine Avenue, Ocala, Florida 34471 – Phone: 352-291-1155. For information about Accurate Background Check’s privacy practices see accuratebackgroundcheck.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____

Date: _____

Print Name: _____

Last Four Digits of SSN: _____