

**CITY OF BELTON
LENA ARMSTRONG PUBLIC LIBRARY
VOLUNTEER APPLICATION**

Name: _____ Date of Birth: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Education: High School Diploma or Equivalent _____

College/degrees _____

Work Experience: Place and dates

Volunteer Experience: Activity, Agency, Dates

Speak/Read/Write Language other than English: _____

List any skills, talents that qualify you to be a library volunteer:

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Please list the times you will be able to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Library hours 10-6	Library hours 10-8	Library hours 10-6	Library hours 10-6	Library hours 10-6	Library hours 10-3

Limitations that might restrict your activities: _____

Why do you wish to volunteer at the Lena Armstrong Public Library? If you need to do community service, explain the reason: _____

Have you ever been convicted by any court, including military court, of any offense?

Yes _____ No _____

If "yes," please explain. (Conviction is not necessarily a bar to volunteer opportunities. Each case is given individual consideration based on job-relatedness of the offense.)

Please give the name of three references who know of your abilities and interests.

Name: _____ How long have they known you _____

Phone number: _____

Name: _____ How long have they known you _____

Phone number: _____

Name: _____ How long have they known you _____

Phone number: _____

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Applicant's Signature: _____

Date: _____

I, _____ agree to allow the City of Belton to run a background check on me before I begin volunteering. Other names to run for the background check if applicable:

Signature

Date

I, _____ agree to submit to a drug test at a testing location approved by the City of Belton before I begin volunteering

Signature

Date

The Lena Armstrong Public Library staff appreciates your interest in volunteering. Please return your application to our circulation desk or mail it to the Library at PO Box 120, Belton, TX 76513. You will be notified by phone of the drug testing location to set up a time. After the testing has been completed, the library will contact you about volunteer orientation, training and schedules.

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DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal History
Applicant or Employee Name (please print)

(CCH) check will be performed by accessing the Texas Department of Public Safety Secure website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

represent true identification to criminal history; therefore, the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed, the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us / *Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a few of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Require for future DPS Audits)

Signature of Applicant or Employee

Date

Date of Birth

Social Security #

City of Belton

Agency Name (Please print)

Charlotte Walker / H.R. Director

Agency Representative Name (Please print)

Signature of Agency Representative

Date

(Internal Use Only)

Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH _____

Hired _____ Not Hired _____ _____ initial

Date Printed: ___ / ___ / ___ _____ initial

Destroyed Date ___ / ___ / ___ _____ initial

(Retain in your files for possible audit)

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**City of Belton
Consent and Release for Pre-Employment Testing**

The City of Belton is concerned with the safety, health and wellbeing of all their employees, as well as the quality and integrity of their workers. The use or misuse of alcohol, drugs, narcotics and/or controlled substances is inconsistent with these concerns. Therefore, we require applicants to undergo a pre-employment drug screening which includes testing for excessive drugs and illegal substances. Positive test results will cause rejection of the applicant unless there are extenuating circumstances. For example, medication causing a positive result and is legally prescribed by a physician as part of an approved treatment program.

We request that you complete and sign the consent and release form below.

CONSENT AND RELEASE FOR PRE-EMPLOYMENT TESTING

I, _____, do hereby consent to undergo drug testing as part of my application for employment with the City of Belton. I understand that further consideration of my application will depend upon the results of that testing.

Furthermore, I authorize the hospital, clinic, and/or testing facility to release to Human Resources of the City of Belton or his/her designee, the results of such testing. I release the City of Belton and their employees from any and all liability arising from the release or use of this information.

Print Name

Signature

Date

Social Security Number