



APPLICATION FOR VOLUNTEER SERVICE

POPLAR BLUFF MUNICIPAL LIBRARY DISTRICT

Volunteer applicants are considered for all described positions without regard to race, color, religion, creed, sexual orientation, national origin, disability, marital status or veteran status. **To volunteer, you must be 14 years of age or older.** If you need assistance or a reasonable accommodation during the application process, call (573) 686 8639. In addition to the information presented on this application, the applicant's social media accounts may be screened.

All applicants will be notified by PBMLD if selected as a volunteer.

Contact Information

Last Name	First	Middle	Date
Street Address			Phone: ()
City, State, Zip			
Emergency Contact Name:			Phone: ()
Email:			
How did you find out about this volunteer service?			

For Minors under 18:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

Availability

When would you be able to start? _____

Hours available each week and/or day:

	S	M	T	W	T	F	S
From							
To							



Skills

Check which areas you are interested in volunteering:

<input type="checkbox"/> Shelving <input type="checkbox"/> Online Book Sales <input type="checkbox"/> One-Time Projects	<input type="checkbox"/> Door Greeter <input type="checkbox"/> Computer & Technology (Please see below) <input type="checkbox"/> Children's Programming	<input type="checkbox"/> Garden and Grounds <input type="checkbox"/> Floor Monitor
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While computer skills are not mandatory for the volunteer, the information will help us place you in the library's environment. Please rate your skills in each area, with 1 being not knowledgeable and 5 being you are very knowledgeable.

Circle Proficiency:			
Mobile Devices	1 2 3 4 5	Google (G) Suite	1 2 3 4 5
eBooks	1 2 3 4 5	Internet Search Engines	1 2 3 4 5
Email/Gmail	1 2 3 4 5	Social Media	1 2 3 4 5
Website Development	1 2 3 4 5		

Security

If any, list all states and counties of residence for the past seven years.

Have you used any names other than previously stated? Yes No
 If yes, list them.

Have you been convicted of or served time for a felony in the past seven years? Yes No
 If yes, describe below. (This information will be reviewed for position relatedness and time since last conviction).

WHEN	CITY/STATE	CHARGE
1.		
2.		

Are you capable of performing the essential functions involved in this volunteer position, with or without reasonable accommodation? Yes No

By signing below you agree that the above information is correct.

 Applicant's Signature _____
 Date



CONFIDENTIALITY OF LIBRARY RECORDS

(Please read and sign this form in the space provided below. Your written authorization is necessary for the completion of the volunteer application process.)

According to **RSMo182.817- Disclosure of library records not required — exceptions — complaint may be filed for compromised privacy, procedure:**

1. Notwithstanding the provisions of any other law to the contrary, no library, employee or agent of a library, or third party contracted by a library that receives, transmits, maintains, or stores library records shall release or disclose a library record or portion of a library record to any person or persons except:

(1) In response to a written request of the person identified in that record, according to procedures and forms giving written consent as determined by the library; or

(2) In response to an order issued by a court of competent jurisdiction upon a finding that the disclosure of such record is necessary to protect the public safety or to prosecute a crime.

2. Any person whose privacy is compromised as a result of an alleged violation of this section may file a written complaint within one hundred eighty days of the alleged violation with the office of the attorney general describing the facts surrounding the alleged violation. Such person may additionally bring a private civil action in the circuit court of the county in which the library is located to recover damages. The court may, in its discretion, award punitive damages and may award to the prevailing party attorney's fees, based on the amount of time reasonably expended, and may provide such equitable relief as it deems necessary or proper. A prevailing respondent may be awarded attorney fees under this subsection only upon a showing that the case is without foundation.

3. Upon receipt of a complaint filed in accordance with subsection 2 of this section, the attorney general shall review each complaint and may initiate legal action if deemed appropriate.

By signing below you are acknowledging that if the above statute is violated, this will result in immediate termination of the individual's position at the Poplar Bluff Municipal Library.

Signature

Date



AUTHORIZATION FOR BACKGROUND CHECK AND HOLD HARMLESS AGREEMENT

*Please read and sign this form in the space provided below.
Your written authorization is necessary to complete the volunteer application.*

I, _____ (Please print), hereby authorize Poplar Bluff Municipal Library District to investigate my background and qualifications for purposes of evaluating my eligibility to serve as a volunteer. I understand that Poplar Bluff Municipal Library District will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Library's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for the volunteer will not be processed further.

I agree to indemnify and hold harmless the Poplar Bluff Municipal Library District (Library), its board, agents, employees or any other person against loss or expense, including attorneys fees, by reason of the liability imposed by law upon the Library, except in cases of the Library's sole negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of this agreement, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of the Library, its employees, board, agents or any other person while performing various activities. It is understood that the volunteer will be supervised by a representative of the Library and that the Library will provide proper instruction, equipment, tools and/or any personal protective equipment needed to safely perform the various activities/duties/jobs. It is further understood and agreed that the volunteer is not an employee of the Library and is not eligible for Workers Compensation benefits, should the individual be injured while performing the activities/duties/jobs on behalf of the Library.

Social Security Number _____

Birthdate _____

Signature

Date