



Kaukauna Public Library Volunteer Application Form

Thank you for your interest in volunteering at the Library. Please return your filled-out application form to the Library. The Library will turn your application in to City Hall to be sent for the required background check. Background checks may take several weeks. Once the background check is approved, you will be contacted by a Library Volunteer Supervisor to discuss volunteer opportunities and orientation.

Name: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____

Email: _____

Date of Birth: _____

Contact Preference: Email or Phone

In case of emergency, contact: _____

Relationship to contact: _____

Phone number(s) of contact: _____

Areas of volunteer interest: (Circle all that apply)

Shelving Programming Disc Cleaning Local History Projects Homebound Book Delivery Plant Care/Landscaping

Special Skills or Training: _____

Volunteer Policies and Agreement

I agree to abide by the volunteer policies and procedures including dress code, privacy, environment, ethics, intellectual freedom and diversity, drugs & alcohol, and safety when I become a Library Volunteer. Upon starting volunteer work at the Library, I will read the volunteer policies & procedures and sign a form stating that I have read and agree to such policies and will be bound to them when volunteering at the Kaukauna Public Library. By signing this agreement, I agree to the Authorization for a Release of Information, for the Library to run a background check on my person. I understand that if my background check is not approved, I will not be able to volunteer at the Library.

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(Parent/Guardian signature is needed for volunteers under the age of 18 applying.)

Reasonable accommodations for persons with disabilities will be available upon request and if feasible.

Kaukauna Public Library, 111 Main Ave, Kaukauna, WI 54130 (920) 766-6340 kaukaunapubliclibrary.org

Consent to Conduct Background Investigation

I understand that I am APPLYING FOR the position of: _____ / VOLUNTEERING with /
 EMPLOYED with City of Kaukauna and am required to have a background investigation completed as requested. I understand that the following personal records are subject to being queried and reviewed by DIVERSIFIED investigations, llc:

<input checked="" type="checkbox"/> Social Security/Address Verification <input checked="" type="checkbox"/> Local law enforcement queries <input checked="" type="checkbox"/> Sexual offender database queries <input checked="" type="checkbox"/> Public database queries <input checked="" type="checkbox"/> State criminal/civil queries <input type="checkbox"/> Driver's license records (as applicable to the position)	<input type="checkbox"/> Professional/Character References <input type="checkbox"/> Neighborhood Canvass <input type="checkbox"/> Drug screening <input type="checkbox"/> Education and Professional License Verification <input type="checkbox"/> Employment Verification & Reference <input type="checkbox"/> Credit Report / Civil Litigation
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I further understand that the results of this investigation will be forwarded to City of Kaukauna and that agents of DIVERSIFIED investigations, llc will not discuss the findings of the investigation with anyone other than appropriate members of the City of Kaukauna staff. I understand that this background investigation will not be used for any purpose other than assessing my suitability for the position for which I have applied/volunteered/am employed.

Therefore, I do hereby grant permission to City of Kaukauna, and DIVERSIFIED investigations, llc, to conduct a due diligence background investigation. All information is subject to the Fair Credit Reporting Act (FCRA--see www.consumerfinance.gov/learnmore).

**** NOTE:** I understand that this consent is revocable by providing written notice to both DIVERSIFIED investigations, llc and City of Kaukauna.

TO BE COMPLETED BY APPLICANT

The Following Information Is for Identification and Investigative Purposes Only.
 Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Last Name																														
First Name																														
Middle Name																														
Current Address																							Apt.#							
City																			State	Zip										
Social Security Number											Phone				-				-											
Date of Birth											Sex: (circle one) Male / Female																			
Driver's License No.																			State											
Other Last Names Used (Include Maiden Names)																														
Email Address																														
LIST EVERY CITY AND STATE YOU HAVE EVER LIVED and the Month/Year you began living there	STATE CODE	CITY	MO/YR													STATE CODE	CITY	MO/YR	ADD EXTRA PAGES, AS NEEDED											
Please check one of the following ethnic categories:																														
White (Not of Hispanic Origin)						Black (Not of Hispanic Origin)						Asian or Pacific Islander																		
Hispanic						American Indian or Alaskan Native						I do not wish to answer																		
Have you ever been convicted OR do you have any charges pending? You must include traffic and local ordinance citations (Provide answer on right). You are required to include convictions that have been EXPUNGED. If YES, list charge(s) and year below.																						<input type="checkbox"/> YES* <input type="checkbox"/> NO								
																						*Does not automatically bar you from employment/volunteering								
Charge						Year						Charge						Year												

Applicant Signature: _____ Date: _____
My consent will remain in force for a period no longer than a year from the date this document is signed.