



VOLUNTEER APPLICATION

VOLUNTEER APPLICANT INFORMATION

Name:		Date of Birth:
Current Address:		
City:	State:	Zip Code:
Phone 1:	Phone 2:	Email:

AREA OF INTEREST

Language spoken other than English: _____	Preferred Library Location: _____
Hours and days available to Volunteer: _____	Interests: Adults___ Teens___ Other___

EMERGENCY CONTACT INFORMATION

Name:	Phone Number:	Relationship:
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CRIMINAL BACKGROUND CHECK

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF THE LAW, OTHER THAN MINOR TRAFFIC OFFENSES, OR PLED NOLO CONTENDERE (NO CONTEST) TO CRIMINAL CHARGES, EVEN IF ADJUDICATION WAS WITHHELD?

Yes___ No ___ If Yes, Please Describe:

Name of Offense _____	MISDEMEANOR	FELONY (Check One)
Name of and Location of Court _____		
Disposition of Case _____		Date: _____

Note: One conviction will not automatically keep you from volunteering at a Broward County Library location. More than one conviction (of any kind) or a conviction for other than driving under the Influence (DUI), a traffic violation, unlawful assembly, or shoplifting (only if you were a minor) will disqualify you.

SIGNATURES

The above information is accurate and correct to the best of my knowledge.

Signature of Applicant: _____	Date: _____
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*****FOR DIVISION USE ONLY*****

Work Location: _____ Site Coordinator: _____ Date: _____

Check all that Apply:

Criminal Background Information Form and Photo ID Attached ___ Yes ___ No

Parental Consent Form Attached (if applicable) ___ Yes ___ No

Community Service Volunteer Form (if applicable) ___ Yes ___ No

Was this applicant approved for volunteer work? ___ Yes ___ No



RISK MANAGEMENT DIVISION

115 S. Andrews Avenue, Room 210 • Fort Lauderdale, Florida 33301-1869 • 954-357-7200 • FAX 954-357-6545
Workers' Compensation: FAX 954-357-7176 - Liability: FAX 954-357-7187

MEMORANDUM

NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The Florida Public Records Law (specifically, section 119.07(5)2.a., Florida Statutes (2007), provides that Broward County must give you a written statement describing the law under which the County is collecting your Social Security Number or the County finds that it is imperative to collect your Social Security Number.

Broward County, Division of Risk Management, must collect your Social Security Number pursuant to the following federal, state law/laws or county ordinances: County Ordinance 2003-08 Chapter 26 Article VIII – Section 26-121, stipulates criminal history checks for employees, appointees, and vendors.



PARENTAL PERMISSION FOR VOLUNTEER

(Required for applicants under the age of 18 years)

Volunteer's Name: _____ Date of Birth: _____
(Last) (First)

Address: _____ City: _____ Zip: _____

Name of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

CONTACT IN CASE OF EMERGENCY

_____	_____	_____	_____
Name	Relationship	Home Phone	Work Phone

_____	_____	_____	_____
Name	Relationship	Home Phone	Work Phone

VOLUNTEER ASSIGNMENT

Library Location: _____

Hours/Days: _____

Method of Transportation: _____

PARENTAL PERMISSION

My son/daughter/ward _____ has my permission to participate in the volunteer program at the following library location _____.

I am aware of my child's schedule, possible volunteer job duties, and expected rules of behavior and am in accordance with them.

My son/daughter/ward has my permission to sign the Request for Criminal Background Information (Form V2), which authorizes Broward County to conduct the required criminal background screening.

Signature of Parent/Guardian

Date