



BERTRAM LIBRARY

JOANN COLE MITTE MEMORIAL LIBRARY

Volunteer Form Burnet County Library System

Burnet County Library System Volunteer Policy requires criminal background checks for all volunteers. Information is confidential.

Name _____

Address _____

Phone number _____ e-mail _____

Your library experience, skills and interests:

Available at these times:

Mornings M____ T____ W____ TH____ F____

Afternoons M____ T____ W____ TH____ F____

Is there any type of library work you would be unable to do? Yes____ No____

Explain: _____

Type of library volunteer work preferred:

____ check-in library materials
____ special programs/projects
____ with children and youth
____ where needed

____ reshelving/reading shelves
____ bulletins boards/displays
____ tidying, dusting shelves
____ book repair and covering

As a volunteer of the Burnet County Library System, I will be dependable and responsible in fulfilling the duties for which I have volunteered. I will notify the library of absence in advance when possible. I will uphold the Standards of Conduct and ethics of the Burnet County Library System and fulfill them to the best of my ability.

Signature _____

Background check approved Yes No Date _____

Date

BURNET COUNTY AUTHORIZATION FOR BACKGROUND CHECK
FOR VOLUNTEERS

Please read and sign this form in the space provided below. Your written authorization is necessary to volunteer in the Burnet County Library System.

I, _____, hereby authorize Burnet County to investigate my background in order to volunteer in the library. I understand that Burnet County 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 county's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and that will negate the opportunity to volunteer in the Burnet County Library System.

I understand the information I am providing will be used solely for the purpose of obtaining criminal history information.

Texas Driver License # _____

SS# _____

Birth Date _____

Signature of Applicant

Date