Volunteer Application		14 West 10 th St., Kansas City, MO 64105 816.701.3400 kclibrary.org	
	DATE		
LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS (where you	receive your mail)		
CITY		STATE	ZIP CODE
E-MAIL ADDRESS		BIRTH DATE (DD/MM/YYYY)	
HOME PHONE	CELL PHONE	WORK PHONE	
VOLUNTEER OPPO	DRTUNITIES		
-	□ Refugee and Immigrant Services	Library Outreach	
EMERGENCY CON	TACT INFORMATION		
EMERGENCY CONTACT NAME		RELATIONSHIP	
DAYTIME PHONE	CELL PHONE	WORK PHONE	
BACKGROUND INF	ORMATION		
Have you ever been convict	ted of a felony or misdemeanor other than mind	or traffic violations? \Box Y	∕es □No
If yes, please list:			
-	uire a criminal background check . Under no ci nder or persons charged of criminal theft for an		
VOLUNTEER AGRE	EMENT		
I,	, agree to indemnify and	hold harmless the Kansas	City Public Library from any
Kansas City Public Library i	action that may arise out of my assigned volunt n consideration of my participation as a volunte on for any services performed by me as a volunt	eer for the Library. I further	understand and agree that I
Library's policy regarding p	y capacity as a volunteer, I may come into conta rivacy of Library patrons and to protect persona or after my service as a volunteer. I understand	al and confidential informat	tion to the best of my abilities
	ed to perform to the best of my ability dvance if I am unable to work as scheduled		

• Enter my hours worked in the Library log after each volunteer session

SIGNATURE