

T H E K A N S A S C I T Y P U B L I C L I B R A R Y

**COURT-ORDERED
VOLUNTEER APPLICATION**

Application Date_____

Personal Information

Name_____

LAST NAME FIRST NAME MIDDLE INITIAL

Address_____

STREET ADDRESS CITY STATE ZIP CODE

E-mail Address_____ **Date of Birth**_____

Phone_____

HOME CELL WORK

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Daytime Phone _____ Cell Phone _____

Reason for community service: _____

Number of hours you have to complete: _____ (must be a minimum of 50 hours)

Deadline _____

To qualify for a volunteer position at the Kansas City Public Library your offense must be a misdemeanor and be of a non-violent nature and you must be 16 years of age or older. If you are younger than 18 years of age, you must obtain a parent or guardian signature to volunteer.

All court-ordered community service volunteers are subject to a criminal background check. Under no circumstances will the Library knowingly engage persons charged as being a sex offender or persons charged of criminal theft for any volunteer or staff position.

Volunteer Information

Have you ever volunteered anywhere before? _ No _ Yes

If yes, where? _____

What were your duties _____

Please indicate your particular skills, abilities and interests below:

- ☐ Previous library experience
- ☐ Computer work or data processing
- ☐ Experience working with historical materials
- ☐ Knowledge of language(s) other than English
- ☐ Other – please list _____
- ☐ Storytelling
- ☐ Arts and crafts ability
- ☐ Teaching or tutoring
- ☐ Greeting and customer service

Other special interests, skills or hobbies _____

If you have physical limitations that require special accommodation please describe:

How did you learn about the Library's volunteer program? _____

Why do you want to volunteer at the Library? _____

Check all times that you would be available to volunteer

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9 to 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 1 to 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 5 to 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your top 3 choices of location for volunteering:

- ☐ Central Library
- ☐ Plaza Branch
- ☐ L.H. Bluford Branch
- ☐ North-East Branch
- ☐ Southeast Branch
- ☐ Sugar Creek Branch
- ☐ Waldo Branch
- ☐ Westport Branch
- ☐ I.H. Ruiz Branch
- ☐ Trails West Branch

In addition to periodic projects and events, these ongoing volunteer opportunities are available now at most Library locations:

- Shelving and weeding books, and pulling books to send to other locations
- Greeting and helping with self-check out machines
- Homework help and assistance with after school activities

Employment Information

Are you currently employed? ☐ Yes ☐ No ☐ Retired

Current employer if applicable: _____

Position/Title: _____

Other experience (briefly describe) _____

Education Information

Please mark the highest level of education completed:

☐ High school ☐ GED ☐ Bachelors degree ☐ Graduate Work ☐ Masters degree ☐ Doctorate

Other training or certifications: _____

VOLUNTEER AGREEMENT

I, _____, agree to indemnify and hold harmless the Kansas City Public Library from any and all claims or causes of action that may arise out of my assigned volunteer duties. I waive any right of action I have against the Kansas City Public Library in consideration of my participation as a volunteer for the Library. I further understand and agree that I will receive no compensation for any services performed by me as a volunteer for the Kansas City Public Library.

I also understand that in my capacity as a volunteer, I may come into contact with confidential information. I agree to adhere to the Library's policy regarding privacy of Library patrons and to protect personal and confidential information to the best of my abilities and not to divulge it during or after my service as a volunteer. I understand that a breach of confidentiality is grounds for dismissal.

I agree to

- Arrive on time and prepared to perform to the best of my ability
- Notify my supervisor in advance if I am unable to work as scheduled
- Enter my hours worked in the Library log after each volunteer session

Signature: _____ Date: _____

If Court-Ordered Volunteer is younger than age 18, a Parent or Guardian must complete this section:

I, _____, as parent/guardian of _____, agree to indemnify and hold harmless the Kansas City Public Library from any and all claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program. I waive any right of action I have against the Kansas City Public Library in consideration of my participation as a volunteer for the Library.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Every attempt will be made to accommodate your preference for location and schedule. However, Library activities determine volunteer placements. As a volunteer, you are under no obligation to accept the position offered. If you have questions, please contact Katie Taylor, Volunteer Coordinator, at 816-701-3707 or visit www.kclibrary.org and click on About the Library and then click Volunteering.

Thank you for your interest in volunteering with the Kansas City Public Library. We value your time and service. Please return your completed application to the Volunteer Coordinator:

- fax your application to 816-701-3401
- submit your application as an attachment addressed to katietaaylor@kclibrary.org
- give your completed application to a staff member at the circulation desk at the Central Library or any branch of the Kansas City Public Library.

For Volunteer Office Use Only:

- | | |
|---|--|
| <input type="checkbox"/> Name tag | <input type="checkbox"/> Supervisor contact information |
| <input type="checkbox"/> Time sheets | <input type="checkbox"/> Volunteer Guidelines/manual |
| <input type="checkbox"/> Lunch breaks | <input type="checkbox"/> Training schedule |
| <input type="checkbox"/> Schedule/punctuality | <input type="checkbox"/> Criminal background check authorization |
| <input type="checkbox"/> No authorization to drive vehicles | |

Placement	Location	Start Date
Inactive Date	Resignation Date	Reason for Resignation
Release Date	Reason for Release	