



## Harlingen Public Library Volunteer Application

For questions or concerns, please contact the HPL Volunteer Coordinator  
at 956-216-5809 or [volunteers@harlingenlibrary.com](mailto:volunteers@harlingenlibrary.com).

*\*Applicants must be at least 16 years of age to volunteer unless otherwise approved by the  
library director.*

### VOLUNTEER INFORMATION

Name: (Last)	(First)	(Middle)	Date of Birth:
Street Address:			City, State, Zip:
Phone Number: (Home)	(Other)	Driver License# or ID#:	
Email Address:			Social Security#:

### AREA OF INTEREST

- Type of volunteer work for which you are applying:  
*(Important: The Library Director and/or Volunteer Coordinator retain the authority to assign your volunteer work)*
- Administration – Clerical work
  - Adult Programming – Leading a group of adults in a specialty class.
  - Archives – Organization of archives room, newspaper clippings, scanning of images, assisting patrons.
  - Circulation – Shelving, desensitizing/sensitizing of Library materials.
  - Children's – Story telling, preparing arts & crafts, helping with children's programs.
  - Reference – Assist with basic questions in general topics, help patrons with computers & online catalog
  - Periodicals – Shelving of periodical material and helping patrons with online databases
  - Technical – Mending of library materials, typing of labels, searching of bibliographic information computers.
  - Other

### BACKGROUND

Have you ever been charged with a crime that resulted in plea of guilty, deferred prosecution, or conviction of any law violation (except minor traffic violations)?      Yes                  No

If YES, list for each conviction (1) date of offense; (2) charge; (3) jurisdiction; (4) court name; and (5) disposition.

Have you ever been involved in an incident involving child/elderly abuse or child/elderly neglect?      Yes                  No

If YES, Please explain below:

Is there anything in your background that we should know?

Are you physically and/or mentally able to perform tasks for the Library?      Yes                  No

**NOTE: The City of Harlingen and Harlingen Public Library have legal background checks performed for every applicant applying to volunteer at the Public Library. Results must come back satisfactorily before an applicant will be allowed to volunteer. You are authorizing the City to conduct a criminal history investigation of your record. This investigation will disclose your complete criminal history including all arrest data.**

**VOLUNTEER AND WORK EXPERIENCE**

Name of Organization: \_\_\_\_\_ Dates of Experience: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Dates of Experience: \_\_\_\_\_

Duties: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Other)

**SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION, AND RELEASE OF LIABILITY**

I certify that the information in this application is true and complete. I understand that false statements, misrepresentations, omissions of information in this application, or an unsatisfactory background check may result in rejection for volunteer work at Harlingen Public Library. The City of Harlingen is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment to authorized employees of the City of Harlingen.

In the event that I am selected to become a volunteer for the Harlingen Public Library, I agree to comply with all of its policies and rules. I fully understand and agree to provide my service to the Harlingen Public Library in a voluntary capacity and that I will receive no compensation or benefits for services provided, except Workman's Compensation.

I understand that I am NOT covered by any Accident/Medical insurance policy while I am a volunteer with the Harlingen Public Library. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

I hereby release the Harlingen Public Library, the City of Harlingen, its officers, employees and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation in the Volunteer Program. I grant full permission to use any photographs, videotapes, recording or any other record of my volunteer service for any legal purpose.

BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENTS IN THIS APPLICATION:

**X**

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

If volunteer is under 18, Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
<b>Retain in your files</b>	