



Harlingen Public Library Volunteer Application

For questions or concerns, please contact the HPL Volunteer Coordinator,
Naomi Pena at 956-216-5801 or npena@harlingenlibrary.com

*Applicants must be at least 16 years of age to volunteer unless otherwise approved by
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 may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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

