

# Volunteer Application

A complete knowledge of alphabetical filing is required. Knowledge of the Dewey Decimal system is preferred, but training is available. Volunteers are expected to be dependable, responsible and regular in attendance. If you anticipate being absent, please call in so we can schedule a replacement. Thank you for volunteering your time!



1100 Church Street  
P.O. Box 670  
Bastrop, TX 78602  
(512) 332-8880

Please print your information:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Education: \_\_\_\_\_

Special skills & interests: \_\_\_\_\_

What time are you available to help us? \_\_\_\_\_ Total hours per week desired: \_\_\_\_\_

Days/Time: \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes

Everyone **MUST** complete the Background Check Form on the Back.

Do you have any physical or health restrictions?  No  Yes (If yes, please explain)

As a library volunteer you will be expected to push/pull heavy carts of items and to lift up to 10 pounds and able to perform repetitive hand, arm and body movements. Also, you must be able to stoop, stretch, bend, and reach above your head.

Who do we notify in case of an emergency?

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, do hereby agree to indemnify and hold harmless the City of Bastrop from any and all claims or causes of action that may arise out of the performance of my assigned duties. I waive any right of action I have against the City of Bastrop in consideration of my participation as a volunteer for the city.

I also understand that in my capacity as a City of Bastrop volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge during or after my service as a volunteer has ended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: Catherine Lombardo Volunteer Coordinator [clombardo@bastroplibrary.org](mailto:clombardo@bastroplibrary.org)

Please Fill Out Both Sides!

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

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
**First, Middle, & Last Name**

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)**

\_\_\_\_\_  
**Birthdate (MM/DD/YYYY)**

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

\_\_\_\_\_  
**Date**

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

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

<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>	

**A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED!**