

Berkeley County Government
Berkeley County Library System
Volunteer Application/Consent Form

Please check here if you are under 18 yrs old.

Name: _____ Date: _____

Street Address: _____

City, State, ZIP Code: _____

Home Phone: _____ Other Phone: _____

Date of Birth: _____ Email Address: _____

Driver's License #: _____ State of Issue: _____

Library Location Preference

- Daniel Island Goose Creek Hanahan
 Technical Services
 St. Stephen Sangaree Moncks Corner

What hours are you available for volunteer assignments?

	AM	PM
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

What interests you about volunteering at the Berkeley County Library?

Special Skills or Qualifications

Please list any training, skills, work experience, or hobbies relevant to libraries.

References

Please list names, addresses, and phone numbers.

1. _____
2. _____

Emergency Contact Information

Name: _____ Telephone: _____ Relationship: _____

Agreement and Signature

The Berkeley County Library takes pride in the quality of our volunteers and the services they provide in our libraries. In order to ensure that all Library volunteers meet our high standards, and to ensure the safety of our Library employees and patrons, Berkeley County conducts criminal background checks on volunteers, including verification of current or past employment. Before we obtain this criminal background check, the Fair Credit Reporting Act requires us to obtain your consent through an attached document that consists solely of this notice. This notice is contained on Page Three of this Volunteer application. Your signature on the Consent and Disclosure form is required for the County to consider your Volunteer Application.

Volunteers are responsible for maintaining the confidentiality of all proprietary information which they may be exposed to while serving as a volunteer, whether this information involves single members of staff, volunteers, patrons, or other persons, or involves the overall business of the Library.

The Berkeley County Library System will not provide any medical, health, or worker's compensation for any volunteer.

Volunteers will not be eligible to receive any worker's compensation benefits for any injuries sustained while functioning as a volunteer.

BY SIGNING BELOW, I AGREE TO THE ABOVE STATEMENTS. THE COUNTY APPRECIATES YOUR CONSIDERATION OF VOLUNTEER OPPORTUNITIES. SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE VOLUNTEER COORDINATOR, SHARON FASHION.

Name:	Date:
Signature:	
Signature of parent if volunteer is under age 18:	

<p style="color: #808080;">Staff use only</p> <p style="color: #808080;">Forward completed application to Deputy Director.</p>
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<p style="color: #808080;">For use by Deputy Director only</p> <p style="color: #808080;">Date sent to H/R: _____</p> <p style="color: #808080;">Approved by: _____ Approval date: _____</p>
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In order to ensure that all Library volunteers meet our high standards and to ensure the safety of Library employees and patrons, Berkeley County conducts background checks on all volunteers and verifies current or past employment. **Please carefully read this information before signing.**

I hereby affirm that the information provided on this volunteer application (and accompanying documentation, if applicable) is true and complete to the best of my knowledge. I further understand that this volunteer application becomes the property of Berkeley County Government and will not be returned.

Berkeley County Government is informing you that an investigative criminal report is being obtained from a consumer reporting agency for the purpose of evaluating you for assignment as a volunteer. This report will contain information bearing on criminal history. I understand that I have the right to receive notice about the nature and scope of any investigative report requested within five days after the company receives my request or five days after the investigative report was requested, whichever is later.

To Whom It May Concern:

I hereby authorize and request any present or former employer, agency or other persons having personal knowledge about me, to furnish bearer past or current employment verification information in connection with my volunteer application. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written volunteer application which I sign. **I release Berkeley County Government, my former employers and others from any and all liability for seeking or providing such information.**

I have been given a copy of this form (if requested).

Print Name: _____

Signature: _____ Date: _____

Date of Birth (for identification purposes only): _____

Social Security # (for identification purposes only): _____

If name changed (through marriage or otherwise), print former name here: _____