SAN ANTONIO PUBLIC LIBRARY
VOLUNTEER APPLICATION

Name ____________________________ *Birth Date ___ / ___ / ___

Last First Middle

Address ____________________________ Home Phone _________________

City ____________________________ State ____________________________ Zip Code

Email: ____________________________________________

*In order to volunteer, applicant must be 14 years or older.

EMERGENCY CONTACT: Name ____________________________ Home Phone _________________
Relationship ____________________________ Cell Phone _________________

For your safety, please indicate any physical limitations or medical requirements that might affect your volunteer assignment:
NOTE: If you do not have anything to indicate WRITE NONE OR N/A on the bottom line.

Have you volunteered for the San Antonio Public Library in the past? _____ Yes _____ No
If yes, where? ____________________________________________ When? _________________

Do you have any relatives (by blood or marriage) working for the San Antonio Public Library? _____ Yes _____ No
If yes, list name(s) and where they work: ____________________________________________

Complete the following if you are required to fulfill hours for COMMUNITY SERVICE (hours required for a group, school, or an organization).
I must complete _______ hours by ___ / ___ / ___ (date).
Name of group, school, or organization: ____________________________

If you are not required to complete hours for a group, school, or an organization, you will be considered a CIVIC VOLUNTEER.
Community Service and Civic volunteers are required to complete a minimum of 24 hours.

Time allocated for volunteers to work depends on the needs of the site. Please indicate when you are available.

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Preferred Location(s):

- Central Library
- Cortez
- Johnston
- Mission
- Schaefer
- Bazan
- Encino
- Landa
- Pan American
- Semmos
- Brook Hollow
- Forest Hills
- Las Palmas
- Parman
- Tobin @Oakwell
- Carver
- Great Northwest
- Maverick
- Potranco
- Thousand Oaks
- Cody
- Guerra
- McCroless
- San Pedro
- Westfall
- Collins Garden
- Igo
- Memorial
In accordance with Administrative Directive 4.55, Criminal Background Checks for Volunteer Processing, the City of San Antonio will conduct Criminal Background Checks as part of volunteer processing. Misdemeanor and Felony convictions will be assessed to include, but not limited to, violations of the Texas Penal Code (TPC); Department of Family & Protective Services (TDFPS); Texas Department of Public Safety (TXDPS); Texas Criminal Code (TCC); Texas Controlled Substance Act (TCSA); other related local, state, and federal legislations; and unsuccessful deferred adjudication revocations.

Notification and Disclosure

Volunteer positions have been identified by the City of San Antonio (COSA) as “Sensitive Positions” and have the potential for high risk if filled by individuals with certain criminal convictions. “Sensitive Positions” are positions that require working with or near children as well as the public; dealing with safety and requiring security clearance; and positions of trust.

- The City of San Antonio will conduct a CBC background investigation to obtain criminal conviction history. Based on these results, COSA will evaluate CBC results and determine eligibility, or ineligibility, for placement into a “Sensitive Position.”

- Falsification or omission of information on this form violates Administrative Directive 4.55, Criminal Background Checks for Volunteer Processing; and will end consideration of volunteer service.

- Answer all questions truthfully, factually, and completely. If you are unsure of completing required information, petition a formal request from the HR Employee Relation Business Partner for time (not to exceed 10 working days) to obtain the information.

- You must obtain a successful CBC Determination to be placed in a “Sensitive Position,” as a volunteer.

Personal Information (complete all sections)

Full Legal Name
Last_______________________ First________________________ MI_____

Other Names Used - Aliases, Nicknames, Maiden Names, Names by Marriage
Last_______________________ First________________________ MI_____

Date of Birth ___________ Social Security Number ___________
Sex □ F □ M Driver’s License or ID number ________________
State of Driver’s License or ID ________________

Residential Information (include City, State, Zip Code)
Current Address
Prior Address if Less Than 5 Years
Prior Address if Less Than 5 Years
Prior Address if Less Than 5 Years
Residential Information (include City, State, Zip Code) continued

List All Out of State Addresses in Past 10 Years

List All Countries You Have Lived in During the Past 10 Years

Conviction Disclosure

Have you ever been convicted of a Misdemeanor?  
☐ YES  ☐ NO

Have you ever been convicted of a Felony?  
☐ YES  ☐ NO

Have you ever served a period of deferred adjudication?  
If you received deferred adjudication, was it terminated unsuccessfully?  
☐ YES  ☐ NO  ☐ NO

Are you currently on deferred adjudication, deferred prosecution, or pre-trial diversion for any Misdemeanor or Felony conviction?  
☐ YES  ☐ NO

Do you have any pending criminal charges against you?  
☐ YES  ☐ NO

If you answered “Yes” to any of the above questions, provide additional information about each crime below:

<table>
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<tr>
<th>Type of Crime</th>
<th>Misdemeanor or Felony?</th>
<th>Date of Conviction</th>
<th>City and State</th>
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If you answered “No” to any of the above questions, are you stating that you have “nothing to report”?  ☐ YES

Read and initial each statement below:

___________ The information I have provided on this form is true, accurate, and complete.

___________ I understand that falsification or omission of information is grounds for refusal of participation as a volunteer.

___________ I understand that COSA will be conducting criminal history background checks.

___________ I understand that these reports will be used for volunteer purposes.

___________ I understand that this acknowledgement is in effect throughout my time as a volunteer with COSA.

Acknowledgement (read, date, and sign in agreement)

The information I have provided is true, accurate, and complete.

Signature_______________________________________________________  Date_____________________________________

VOLUNTEER COORDINATOR or HR ERBP

I have reviewed the volunteer form and everything appears to be completed correctly.

Signature_______________________________________________________ Department_______________________  Date____________

FOR HR USE ONLY

☐ Eligible to Volunteer  ☐ Ineligible to Volunteer

Initials of HR staff that completed CBC ______  Date________________________
San Antonio Public Library
Background Check for Volunteers
Student and Parent/Guardian Release Form

I hereby certify that all information on this form and the background check is true and correct, and I authorize investigation of answers on this form. I understand that any false statements may be sufficient cause for my application to be refused or for me to be discharged.

Authorization (read, date and sign in agreement)

____________________________________________
Print Volunteer Name

Volunteer Signature ____________________________ Date

Parent/Guardian Authorization (read, date and sign in agreement)

____________________________________________
Print Parent/Guardian Name

Parent/Guardian Signature ____________________________ Date
AGREEMENT INCLUDING WAIVER AND RELEASE

The City of San Antonio ("City") on condition of your signing this waiver and affirming the promises and statements contained below, agrees to permit you to participate in the volunteer service at San Antonio Public Libraries.

I, ____________________________________ acknowledge the following statements are true:

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the City; all services are performed at my own risk.

I acknowledge that my participation in volunteer service entails known and unanticipated risks that could result in physical or emotional injury, damage to me, to my property, or to third parties.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

On behalf of myself, my heirs, personal representatives and executors, I hereby disclaim, release and waive any and all claims against the CITY for personal injuries or damages to property sustained by myself or any other person arising out of my participation in volunteer service, including claims and damages arising in whole or in part from the negligence of the CITY, its agents or employees.

IT IS MY EXPRESS INTENT TO RELEASE THE CITY FROM ANY AND ALL CLAIMS ARISING FROM MY PARTICIPATION IN THE VOLUNTEER SERVICE REGARDLESS OF WHETHER SUCH CLAIMS ARE FOUNDED IN WHOLE OR IN PART UPON ALLEGED NEGLIGENCE OF CITY, ITS AGENTS OR EMPLOYEES.

In signing this release and waiver I am relying wholly upon my own judgment, belief and knowledge. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation as a volunteer, I may be found by a court of law to have waived my right to maintain a lawsuit against the City on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I read and understand it, and I agree to be bound by its terms.

_______________________
SIGNATURE OF VOLUNTEER

_______________________
SIGNATURE OF PARENT
(Required for volunteers under eighteen years of age)

DATE

_______________________
ADDRESS

_______________________
CITY

_______________________
STATE

_______________________
ZIP CODE

_______________________
TELEPHONE NUMBER

_______________________
EMERGENCY NUMBER
PHOTO RELEASE (please check)

I hereby consent to and authorize the San Antonio Public Library and the City of, its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from such use for any additional compensation, damages, and invasion of privacy.

________________________________________  __________________________________________
VOLUNTEER SIGNATURE  SIGNATURE OF PARENT
(Required for volunteers under eighteen years of age)

________________________________________
DATE

________________________________________  __________________________________________  __________________________________________  __________________________________________
Address  City  State  Zip Code

________________________________________  __________________________________________  __________________________________________
Telephone Number  Emergency Number  EMAIL