



The selection and placement of volunteers will be without discrimination on the basis of race, color, religion, sex, ancestry, or physical handicap.

Name _____

(Last)

(First)

(Middle)

Address _____ City _____ State _____ Zip _____

Contact Phone Number _____ E-Mail Address _____

Current Occupation & place of Employment (if applicable) _____

Employment status: ___ Full time ___ Part time ___ Student ___ Retired ___ Not Employed

In case of emergency, notify:

Name _____ Phone _____

Name _____ Phone _____

Have you ever been convicted of a criminal offense? Yes ___ No ___

Are you proficient in any foreign languages? _____

Please list the times you are available for volunteering (state in hours):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Please indicate with a "√" or "x" what location(s) you would be interested in volunteering. If we do not have a current opening at a location you are interested in, we will keep your information on file and do our best to match you when openings occur.

Location	Address	Hours	Interested
Central	223 S. Main	Mon – Thur 10am – 9pm Friday & Saturday 10am – 5:30pm Sunday 1pm – 5pm	
Alford	3447. S. Meridian	Mon – Thur 10am – 9pm Friday & Saturday 10am – 5pm Sunday 1pm – 5pm	
Angelou – Northeast	3051 E. 21 st	Tues 1pm – 8pm Wed - Saturday 11am – 5:30pm Sunday 1pm – 5pm Closed Monday	
Evergreen	2601 N. Arkansas	Mon – Thur 10am – 9pm Friday & Saturday 10am – 5pm Sunday 1pm – 5pm	
Orchard Park	4808 W. 9 th	Mon 1pm – 8pm Tues -Friday 11am – 5:30pm Closed Saturday & Sunday	
Rockwell	5939 E. 9 th	Mon – Thur 10am – 9pm Friday & Saturday 10am – 5pm Sunday 1pm – 5pm	
Westlink	8515 Bekemeyer	Mon – Thur 10am – 9pm Friday & Saturday 10am – 5pm Sunday 1pm – 5pm	

Please list two adult references, not relatives, who have known you at least two years:

Name _____ Phone _____

Address _____ State _____

Name _____ Phone _____

Address _____ State _____

I certify that the information on this application is complete and correct to the best of my knowledge. I hereby authorize the investigation of all statements made in this application and I hereby release from liability all persons, companies, or corporations supplying any information concerning me. In consideration of my volunteering, I agree to conform to the rules and regulations of the City of Wichita. I understand that my volunteering may be terminated at anytime, with or without cause, and with or without notice, at the option of either the City or myself.

Applicant's Signature: _____ Date: _____

For Office Use Only:

Date of Interview: _____ Interviewer: _____

Comments: _____



Volunteer INQUIRY RELEASE



In connection with my application to be a volunteer, I understand that investigative background inquiries will be made on me from various Federal, State, and other agencies, including criminal convictions, civil actions, employment, education, and other reports. These reports may include information as to my character, work habits, performance, credentials, and experience; along with reasons for separation from previous employers.

I certify that the information I have provided, upon which this background investigation is based, in my application and this form are correct to the best of my knowledge. I understand that false statements may disqualify me from being a volunteer or be just cause for termination.

The information provided such as date of birth and social security number are used strictly as identifiers in the screening due diligence process to ensure accurate information. In no way will this information affect eligibility status for employment.

I authorize, without reservation, the full release of the above-mentioned information to DDS, the City of Wichita/Wichita Public Library and/or their agents. I also fully release any agencies and parties contacted from any liability for providing information. This authorization and consent shall be valid in Original, Fax or Copy form and valid from this date through the duration of my volunteer time with the City of Wichita/Wichita Public Library.

Applicant's Signature: _____ Date: _____

Please Print All Information

NAME: _____

SOC. SEC. #: _____ DATE OF BIRTH: _____

ADDRESSES, PAST (7) SEVEN YEARS:

CURRENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____ YEARS: _____

PREVIOUS ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____ YEARS: _____

PREVIOUS ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____ YEARS: _____

CAN WE CONTACT YOUR PRESENT EMPLOYER YES NO