



## Outreach Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Cell \_\_\_\_\_ Home \_\_\_\_\_

E-mail address \_\_\_\_\_

1. Are you willing to volunteer on a regular basis?  Yes  No

2. How many hours per month are you willing to volunteer?

2  4  More than 4  Other (specify) \_\_\_\_\_

4. What times are you available for volunteer work?

	Days	Time(s)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

5. Do you have any physical limitations that would restrict you in delivering bags of books?

No  Yes (please specify) \_\_\_\_\_

\_\_\_\_\_



6. Have you ever been convicted of a crime?  Yes  No If yes, list dates, place, court, action taken \_\_\_\_\_

7. Person to contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Cell \_\_\_\_\_ Home \_\_\_\_\_

My signature on this application indicates that I understand and agree to the following conditions:

1. I hereby certify that all information contained in this application is true to the best of my knowledge. I agree and understand that any false statements contained herein may cause rejection of my candidacy for volunteering or termination of my volunteering.
2. The Elmhurst Public Library reserves the right to verify the criminal record information I have provided through appropriate local, state or Federal law enforcement agencies and to check my driving record if pertinent to my volunteer position.

I also understand that any misrepresentation, false statements, omission of facts or failure to provide requested information on this application may cause rejection of my candidacy for volunteering or termination of my volunteering. In addition, if accepted for volunteer opportunities, I agree to abide by the rules and policies of the Elmhurst Public Library.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

06/16



### Auto Insurance Requirements for Staff and Volunteers

As a requirement from our insurance carrier, the travel policy for staff and volunteers is as follows:

On an annual basis, all staff members using personal vehicles for library business must present proof of liability insurance with minimum coverage of \$100,000 per individual and \$300,000 per accident and must authorize the Library to obtain a motor vehicle report concerning their driving record. The following infractions will disqualify a staff member from driving on library business: DUI, leaving the scene of an accident, fleeing, reckless driving, multiple speeding tickets, license revocation. No staff member who has not provided the above information may drive on library business or make purchases for the Library while on a personal driving trip.

**Note: You will not be able to drive on library business unless your driving record report and insurance information are on file in the Administrative Office.**

Please provide the following information:

Name as shown on driver's license: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's license #: \_\_\_\_\_

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

Insurance coverage (**Please attach copy of first page of your insurance policy showing coverage**). **Reminder:** if your policy is on 6-month basis or you make changes, please bring copy of renewed policy to the administration office.

**Elmhurst Public Library**  
125 S. Prospect Ave., Elmhurst, IL 60126 • 630-279-8696 • [www.elmhurstpubliclibrary.org](http://www.elmhurstpubliclibrary.org)

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

**City Of Elmhurst** ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon proper request to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the consumer report" and/or "investigative consumer report" will be will be conducted by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, [www.aurico.com](http://www.aurico.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York and Maine applicants, volunteers, contractors or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants, volunteers, contractors or employees only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants, volunteers, contractors or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants, volunteers, contractors or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants, volunteers, contractors or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants, volunteers, contractors or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

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

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

**BACKGROUND INVESTIGATION**

**PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE**

First Name:  Middle Name:  Last Name:

Maiden Name:  Date Changed:

Other last names used:  Date Changed:

Other last names used:  Date Changed:

Other last names used:  Date Changed:

**List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary**

Street	City	County	State	ZIP	How Long?
Current:					
2:					
3:					
4:					

Present Phone Number (with area code):  Social Security Number:

Date of Birth\* (MM/DD/YYYY):

Driver's License Number:  Driver's License State:

\*This information will be used for background screening purposes only and will not be used as hiring criteria.