



COMMUNITY SERVICE INFORMATION

Volunteer/Community Service Application

The Elmhurst Public Library works with organizations such as the York Community High School Peer Jury program and the DuPage County Probation Department to provide community service opportunities to **Elmhurst residents or students in Elmhurst public schools**, depending on the availability of appropriate tasks and work schedules. All applicants must complete the attached application form. If a suitable assignment is available, an interview will be required as part of the application process before a Community Service opportunity can be offered.

The Library cannot offer Community Service assignments to persons who have committed offenses including, but not limited to: theft, assault, arson, crimes against children, sex crimes. Applicants must agree to a background check and/or verification of the terms of the Community Service requirement.

Applications must be submitted well in advance of the deadline for completion of service. Community service is generally scheduled for 2-4 hours per week at times convenient to the Library. No service assignments will be scheduled on Sundays.

In the case of minors (under the age of 18) a parent or guardian must also sign the Community Service Application.

A Community Service assignment is not guaranteed until the application process, including an interview, has been completed and an offer has been made by the Library. Community Service will be terminated if there is any violation of Library rules or if the applicant fails to adhere to the assigned schedule.



Volunteer/Community Service Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone number: Day _____ Evening _____

Do you attend an Elmhurst Public School? Yes ___ No ___ If so, which one? _____

Is your Community Service required? Yes ___ No ___

If yes:

1. Number of hours needed _____
2. Required completion date _____
3. Organization requiring community service _____
4. Contact person/phone _____
5. How is community service time to be reported? _____

How many hours per week can you work? _____

What times are you available to work? _____

A permanent schedule will be discussed at the time of your interview.

Please note:

Your Volunteer/Community Service will be terminated if you do not adhere to the assigned schedule.

(Continued on reverse)



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Do you have any physical limitations that would restrict your Community Service activities?

No Yes_____ (please specify)

Person to contact in case of emergency:

Name_____ Relationship_____

Address_____

Telephone: _____Work _____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 volunteer/community service or termination of my service.
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.

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 Volunteer/Community Service or termination of my service. **In addition, I understand that a personal interview is required as part of the application process.** If I am accepted for a Volunteer/Community Service assignment, I agree to abide by the rules and policies of the Elmhurst Public Library.

Signature_____ Date_____

If applicant is under age 18:

Signature of parent or guardian:_____

Date:_____

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, 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.

<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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. <input type="checkbox"/></p>
<p>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. <input type="checkbox"/></p>

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.