

**ADULT VOLUNTEER APPLICATION
TOLEDO-LUCAS COUNTY PUBLIC LIBRARY**

Name _____ Date _____

Street _____ Telephone _____

City _____ State _____ Zipcode _____

Member of the Friends of the Library ___ Yes ___ No

Education/Training/Skills _____

Previous Employment _____

Do you have a branch, department or task preference? ___ Yes ___ No

If yes, what are they? _____

Have you been convicted of a crime in the past ten years, excluding minor misdemeanors, which has not been annulled, expunged or sealed by a court?

Conviction of a crime is not an automatic disqualification for volunteer work.

___ Yes ___ No If yes, describe in full _____

References:

Name	Relationship/Occupation	Phone
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1. _____

2. _____

Emergency contact name & phone number: _____

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I hereby declare that the information provided in this application is true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact shall be considered cause for termination of any volunteer relationship.

Signature _____ Date _____

Return completed form to:
Margi Levy, FOL Coordinator, Toledo-Lucas County Public Library, 325 Michigan St., Toledo, OH 43604
Telephone (419)259-5358 Fax (419) 418-2294

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For an applicant to be accepted into our volunteer program it is required that we verify the applicant's criminal/traffic history. Please fill out the form below including your social security number. Your permission is required to perform this check and by signing the form below you are giving that consent.

When this check is complete we will process your application and contact you concerning volunteer opportunities available.

Please return the application and the form below to-

FOL Coordinator
 Toledo-Lucas County Public Library
 325 Michigan
 Toledo, OH 43604

Lucas County Sheriff's Office Toledo, Ohio Criminal History Record Check Request		Name and mailing address of requesting person, agency, or company: Toledo-Lucas County Public Library 325 Michigan Toledo, OH 43604			
Subject's name (Last, First Middle)			Address (Street, City, State)		
Date of birth (month – day – year)	Social Security Number	Race	Gender	Height	Weight
Release: By my signature, below, I authorize the Lucas County Sheriff's Office to release any information contained in the records of which the Lucas County Sheriff is custodian, or which are available to him; and of which I am the subject. Any person who requests such records may have access to them, subject to any restrictions on such access by federal or state statute.					
Signature of subject to be checked			Date		
The following returned to the requesting person, agency, or company: Card file record: Yes <input type="checkbox"/> No <input type="checkbox"/> Record from books: Yes <input type="checkbox"/> No <input type="checkbox"/> QHSLPR.RID/ _____			Disclaimer: This record reflects only the information to which the Lucas County Sheriff's Office has access; that is, information found in the database of the Northwest Ohio Regional Information System and in the files of the Lucas County Sheriff's Office. This record check was completed by name only, not by fingerprints. Therefore, the true identity of the person in question is unverified. This is not to be construed as a complete criminal history or record.		
			<input type="checkbox"/> No record <input type="checkbox"/> Record attached		Records clerk signature _____