

Why would you like to volunteer with Mid-Columbia Libraries? Do you have other volunteer experience?

PROGRAMS YOU WOULD BE INTERESTED IN VOLUNTEERING FOR (if more than one, please number your top preferences)

- Teen Zone (available at Keewaydin Park, Pasco, and Prosser only)
- Newspaper Indexer (available at the Union Street branch in Kennewick only)
- Paws To Read - Registered pet therapy reading program. Please provide a copy of the dog's therapy certification & current vaccination records.
- Summer Reading Program Special Events Other

YOUR AVAILABILITY Please indicate the times you can volunteer each day during the week. * Example: Sunday 11:00 am - 4:00 pm

Sunday : am/pm - : am/pm Monday : am/pm - : am/pm Tuesday : am/pm - : am/pm
Wednesday : am/pm - : am/pm Thursday : am/pm - : am/pm Friday : am/pm
Saturday : am/pm - : am/pm

How long will you be able to serve as library volunteer? 1 month _____ 3 months _____ 6 months or more _____

I certify that the information in this application is accurate the best of my knowledge. I also understand **that all volunteer positions with Mid-Columbia Libraries will require a Washington State Patrol Criminal History Check.**

Confidentiality Statement: I understand that in the course of my work as a volunteer I may have access to personal information about library users, including their requests for information and records of materials they may have borrowed. I hereby agree to hold such information in complete confidence and to access it only in the course of performing my volunteer assignment.

Signature of Applicant _____ Date _____

I give my son/daughter _____ permission to volunteer for Mid-Columbia Libraries at _____ branch (s).

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Thank you for your interest in Mid-Columbia Libraries!
Once your application is processed, you will be contacted by a member of the staff.

OFFICIAL USE ONLY:
INTERVIEW DATE: Accepted _____ Not Accepted _____
PLACEMENT Location: _____ Position: _____
Start Date: _____
Supervisor: _____



Applicant Disclosure Form

Mid-Columbia Libraries
1620 S. Union St.
Kennewick, WA 99338

In accordance with Revised Code of Washington (RCW) 43.43.830-43.845 a signed disclosure statement must be completed before a criminal background check is conducted. You must answer YES or NO to each listed question when you complete this form.

If you answer YES to any question below, you must provide the following information on an attached sheet of paper along with your signature.

Question Number – Date of Conviction – Offense – County & State Disposition Court – An explanation

If you are unsure whether to check yes or no, please answer the question to the best of your ability and state the reason for your uncertainty on an attached sheet of paper.

1) Have you been convicted of any crime?

NO _____ YES _____

2) Have any findings been made against you in any civil adjudicative proceeding as defined in RCW 43.43.830? "Civil adjudicative proceeding" is defined as a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law, including but not limited to chapter 13.34., 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudicative proceeding" also includes judicial or administrative findings that become final due to the failure of the alleged perpetrator to timely exercise a legal right to administratively challenge such findings.

NO _____ YES _____

I attest under penalty of perjury that the information I have provided is true and accurate to the best of my knowledge. I hereby authorize Mid-Columbia Libraries to conduct a background inquiry on me. I understand that any offer of employment paid or unpaid is contingent on the successful outcome of this background check.

Applicant Signature: _____ Date: _____

Legal Name (Please print): _____
First Middle Last

Date of Birth: _____
MM / DD / YYYY