

Pickens County Library System

Volunteer Application

(16 years of age or older)

PLEASE PRINT

Name _____

Address _____

City _____ Zip _____

Primary Phone _____ Secondary Phone _____

When is a good time to contact you? _____

Email Address: _____

Pickens County Library Card Number 2296400 _____

At which branch would you like to volunteer?

Easley ____ Central-Clemson ____ Pickens ____ Liberty ____

What days and times would you be able to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How often would you like to volunteer? _____

What type of volunteer work are you interested in?

Shelving/straightening
 Adopt-A-Shelf
 Newspaper Indexing
 House Calls
 Magazine Maintainer
 Other _____

I, _____, agree to serve as a volunteer for the Pickens County Library System.

OR, if under 18,

I, _____, parent or guardian of _____, give my permission for _____ to serve as a volunteer for the Pickens County Library System.

I acknowledge that participation as a volunteer involves some risk of injury or death, and I assume these risks. I further acknowledge that I am physically capable of performing the activities required as a volunteer. In consideration of my volunteering, I release and hold harmless Pickens County and its personnel from any liability for any injury or death arising from volunteering for the Pickens County Library System. I also understand that as a volunteer I am not covered or am entitled to workers compensation coverage. I also agree to release Pickens County of any responsibility for damage to or loss of property arising from participation in this activity.

A background check must be passed in accordance with Pickens County Policies.

Pickens County is an equal opportunity provider and employer

Date received _____ Staff _____ Location _____

PICKENS COUNTY – CONSENT TO BACKGROUND CHECK

PLEASE PRINT

I, _____ have applied for the position of _____ with Pickens County, South Carolina. I understand that the requirements of this position include the handling of money, access to or maintenance of confidential information, or other considerations that are deemed proprietary. I also understand that Pickens County has a legitimate interest in hiring an individual for this position who satisfactorily passes a background check. I also understand that Pickens County complies with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports and which places specific obligations on employers using credit checks. I understand that under the Fair Credit Reporting Act I have the right to make a written request to the County within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a written copy of the report. Accordingly, by signing below I hereby consent to Pickens County performing a background check that includes, but is not limited to, the areas marked below:

Pickens County
Requests the
Following:

Applicant
Consents to
the Following:
(Please initial each mark)

- | | | | |
|-------------------------------------|---|--------------------------|-------|
| <input checked="" type="checkbox"/> | SLED/Criminal History | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Driving Record | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Employment History/References | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Credit History | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Pending or Threatened Litigation | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Drug Screen if selected candidate
**Must pass before hire date | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

Applicant's Signature

Date

Driver's License #

Date of Birth

Address

Social Security #