



VOLUNTEER APPLICATION

Please return this application to:

LitSource Office, Penrose Library, 20 North Cascade
Colorado Springs, CO 80903 (719) 531-6333, x2223

Position applying for: Individual Tutor
 TALK English! Facilitator
 LEARN English! Classroom Assistant
 Other: _____

Date: _____

Name: _____ Other names used: _____

Address: _____ City: _____

State: _____ Zip: _____ Home phone: _____ Work phone: _____

Email address _____ Date of Birth: ____/____/____.

Library location preference (check all that apply)

- East Library Penrose Library Rockrimmon Fountain
- Briargate Monument Ruth Holley
- Cheyenne Mountain Old Colorado City Sand Creek

Time available (check all that apply)

Mon | Tue | Wed | Thur | Fri | Sat | Sun | Times Available _____

Work Experience

Last or present position

Employer: _____ Position: _____ City & State: _____

Previous position

Employer: _____ Position: _____ City & State: _____

Education (check highest level)

<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Area of study or training _____
	<input type="checkbox"/> College Degree	

Languages spoken: _____

Tutoring preference (please check all that apply)

- Literacy (0-5 reading level) English language learners (Skill at speaking English will vary greatly)
- Adult basic skills (6+ reading level) beginning intermediate advanced
- GED prep (8+ reading, preparing to take GED) Developmental disabilities Math

Where did you learn about volunteering for LitSource? (check all that apply)

- Friend Television Radio Newspaper Library Bulletin Board
- Other (please describe): _____

Personal References (not present employer or relative)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____



(Please complete both sides of form)

RELEASE AUTHORIZATION

Applicant Complete the Following

1202792

Customer Number



1. In connection with my application for **volunteerism, I understand** that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box. The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AVERT, INC. or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information, or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name

Please print other names you have used

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, OR, TX, WI.

Male Female

Asian Black Hispanic White Other

Drivers License Number

State Issuing License

Name as it appears on license

Signature

Today's Date

Photo Release

I, (print name) _____
hereby assign to Pikes Peak Library District all rights to any photographs taken or submitted for the promotional purpose of the Library at any time.

I hereby authorize Pikes Peak Library District to reproduce, exhibit, publish, or distribute any and all photographs taken in connection with the Library at any time.

I understand that Pikes Peak Library District will be held free and clear of any responsibility or claim for personal liability during the aforementioned use.

I certify that I am over the age of twenty-one (21).

Signature Date

Witness Date

Signature of Parent/Guardian (if under age 21) Date

Names of family members under 21:

_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

City/State/Zip: _____

Phone:() _____ email: _____

