

# 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      \_\_\_ Movie Monitor      \_\_\_ Newspaper Indexing

\_\_\_ House Calls      \_\_\_ Computer Classes      \_\_\_ Other \_\_\_\_\_

\_\_\_ Magazine Maintainer      \_\_\_ Adopt-A-Shelf      \_\_\_\_\_

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:

- SLED/Criminal History
- Driving Record
- Employment History/References
- Credit History
- Pending or Threatened Litigation
- Drug Screen if selected candidate  
\*\*Must pass before hire date
  
- \_\_\_\_\_

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
  
- \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security #