

# Adult Volunteer Application



## I. Personal Information

Date: _____	Date of Birth (Month/Date/Year): _____		
Name: _____	_____	_____	_____
	Last	First	Middle
Address: _____	_____	_____	_____
	Street	City	State Zip
Telephone: _____	_____	Telephone: _____	_____
	Home		Business
E-mail Address: _____			

## II. Emergency Information

Person(s) to contact in case of emergency: _____			
Telephone: _____			
	Home	Business	Cellular or Other

## III. Background Information

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?
Yes No If so, please list: _____
<input type="checkbox"/> By checking this box, I agree that as a volunteer for the Decatur Public Library, I will follow all procedures, policies, and rules including but not limited to the behavioral policy and volunteer guidelines.
Some volunteer positions may require a criminal background check through the Texas Department of Public Safety. By signing the Adult Volunteer Application form, you are authorizing the City of Decatur to perform a background check.
<i>Digital signing is the equivalent of a live signature.</i>

Signature: _____	Date: _____
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