ADULT RETURNING VOLUNTEER (18 & up)



Albuquerque Public Library Level II Application



Review of Returning Volunteer Applications

Thank you for re-applying to serve as a Library volunteer. We appreciate your many contributions over your past year(s) of service toward making the Library a wonderful resource for our community. There are so many programs and services we couldn't provide without your help. Thank you for generously offering to continue to contribute your time and skills.

As we take this opportunity to assess how well the volunteer program is working for you and the Library, we would like you to be aware that it is possible that your volunteer services may no longer be needed. Your renewal as a volunteer will be solely at the discretion of the Library. Volunteer selection is usually based on a match between hours and skills needed at the Library, and these can change over time. If you are interested in continuing to volunteer, please complete and submit the following:

- 1. A Returning Volunteer Application Form and legible copy of government ID
- 2. The online criminal background check using the link you will receive via email

Criminal Background Check

The Library is under the jurisdiction of the City of Albuquerque and therefore must adhere to City rules and regulations, which includes an annual background check of all volunteers using the vendor the City has on contract. This is required even if you have been volunteering for many years or there have been no changes to your personal information since the last check. *There is no charge to you for this check.*

If you are approved by the Library to return as a volunteer, you will receive an email from support@truviewbsi.com with the Subject line "Username and Password from City of Albuquerque – Cultural Services". If you do not see this email, please check your Spam and Junk folders.

- 1. Follow the link provided in the email.
- 2. Fill out the form using the secure portal.

THE ONLINE FORM MUST BE COMPLETED WITHIN FIVE BUSINESS DAYS OF THE DATE OF THE ORIGINAL EMAIL.

Returning Read To The Dogs Volunteer

• Additional documents are required; see "Read to the Dogs FAQs" document.

Adult Returning Volunteer Application

To be completed by branch:		
Location:		
🗖 Reg	🗖 RTD	





PERSONAL INFORMATION (please print clearly)

Mr. / Ms. (Please circle one) Name:		Date:
<i>Current</i> Address (If less than 2 years at current address, p		Apt #
City	State	Zip Code
Telephone (day)	Telepl	hone (night)
Email (required)		
Previous Address		Apt #
City	State	Zip Code
VOLUNTEER INTERESTS		
What do you hope to accomplish	as a volunteer?	
Are you willing to change duties	if necessary to meet l	branch needs? 🛛 Yes 🖵 No

VOLUNTEER SCHEDULE

Please indicate the new times you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SKILLS

Please describe any new skills, work experience, or special training you have acquired in the last year. (For example: speak a foreign language, computers, organizational skills, crafts, theatre, etc.):

• MEDICAL CONDITIONS:

All requests for reasonable accommodations of a volunteer with a disability are carefully considered and decisions are made in compliance with all applicable laws and regulations.

Will you have a Job Coach working with you? Yes No If yes, your Job Coach will also need to complete an application and have a criminal background check.

Please list any new medical, physical, special needs or other problems that may affect your performance. If you require a job coach, please note here.

*You may be on your feet for several hours at a time.

VOLUNTEER CONSENT

I (**print name**)______ understand that I must complete an annual background check via the current method the City of Albuquerque is using in order to be approved to continue my volunteer service.

I agree to keep the volunteer schedule the library and I agree upon. While I am volunteering at the Albuquerque Public Library, I will be representing the library and at all times should dress, behave and conduct myself in a manner acceptable to the institution for which I am representing. If I do not keep to this agreement, I realize I may be asked to leave the Library's volunteer program.

Signature of Volunteer

APL BRANCH VOLUNTEER COORDINATOR USE ONLY

I, ______ recommend this individual to return as a volunteer:

Yes	No

As the Branch Volunteer Coordinator I agree to review the Code of Conduct (Volunteer Handbook) with the volunteer again.

Signature of APL Volunteer Site Supervisor

FOR OFFICE OF VOLUNTEER COORDINATOR USE ONLY

Background check cleared 🛛 Yes 🔲 No	Date
Comments	