



Volunteer Sign-Up Packet

Thank you for your interest in becoming a volunteer with the Library! We are excited to welcome you to our community. Library volunteers work alongside our staff and other volunteers and help us provide better programs and services. We couldn't do all we do without volunteers like you!

Because many of our programs involve children, all volunteers age 17 and over must pass a criminal background check before we can allow you to start. This is performed by our Human Resources department and usually takes a couple of weeks. We will notify you when you have been approved and schedule you for your first shift based on your provided schedule.

Please return the following pages:

- Application Form
- Dress Code Agreement
- Volunteer Opportunities
- Confidentiality Agreement
- Emergency Contact Information
- Volunteer Liability Release
- Available Schedule

Ages 17+ Must Also Fill Out:

- Information Release Authorization (Criminal Background Check)
- DPS Computerized Criminal History (CCH) Verification
- Please attach a copy of your Photo ID or Driver's License to the packet. Copies can be made by library staff at no charge.

Students Between the Ages of 13 to 18:

- Teens Speak Interest Form

If you have any questions while filling out your form, please contact Theresa Brader, our Assistant Director and Volunteer Coordinator, at (210) 684-0720 or t.brader@leonvalleytexas.gov.



Volunteer Application Form

Name _____ Date _____

Street Address _____

City, State, Zip Code _____

Email Address _____

Best Contact Phone _____

Age if Under 18 _____

Please provide any relevant work or library experience:

Do you need Volunteer Hours for school, work, or another organization?

Yes No If yes, please explain _____

Signature _____ Date _____

If Under the Age of 18, please have a parent or guardian sign below:

Printed Name _____ Date _____

Signature _____ Date _____



Leon Valley Public Library Volunteer Dress Code Agreement

In their appearance and actions, Leon Valley Public Library volunteers often work with and within the public's presence and represent the City of Leon Valley and the Leon Valley Public Library. Due to that nature, we ask that all library volunteers acknowledge and follow the dress code:

- Tops: No tank tops, spaghetti straps, crop tops (without undershirts), tube tops, bikini tops, or halter tops may be worn. T-shirts, casual shirts, dress shirts, sweaters, vests, sleeveless sweaters and shirts, blouses, polos, oxford shirts, and other business-style shirts may be worn.
- Bottoms: Slacks, dress pants, and jeans may be worn anytime. Bermuda shorts (usually about one to two inches above the knee), leggings under a dress or tunic, and loose-fitting yoga-style pants are also acceptable.
- Dresses must meet the above guidelines and are within an inch or two above the knee. Remember that you may be moving a lot, placing and picking up items off the floor, or sitting on the floor.
- Shoes: Closed-toe shoes are required for safety.

No clothing may contain obscene or profane language, inappropriate or offensive behavior, or alcohol or drug use. If you're not sure, don't wear it.

Signature _____ Date _____

If Under the Age of 18, please have a parent or guardian sign below:

Printed Name _____ Date _____

Signature _____ Date _____



Volunteer Opportunities

Please check all opportunities that interest you. All volunteer positions require at least minimal training from library staff.

Working in the Stacks

- **Facing:** Pulling the books to the front of the shelves and aligning them to the shelf edge. All volunteers must Face before they shelve.
- **Cleaning:** Cleaning shelves and books as needed.
- **Shelving:** Arranging materials on shelves according to their classification number. Requires experience in Facing. Must pass a short classification test.

Material Processing

- **Labeling & Stamping:** Adding labels to materials (requires attention to detail) and stamping pages.
- **Covering:** Covering books with special materials to protect them from wear and tear.
- **Book Mending:** Repairing books that can be salvaged to return them to the collection.

Programming:

- **Program Prep:** Regular weekly attendance. Assists in program preparations but not required during the actual programs. Available days are Tuesdays – Saturdays. Scheduled based on availability provided and current need.
- **Program Assistance:** Regular weekly attendance. Assists with set-up, breakdown, and clean-up. May participate in the program. Please check if you are interested in the following weekly commitments.
 - Baby & Me Lapsit (Tuesdays 10:30am – 12:30pm)
 - Adventurers' Club (Wednesdays 10:00am – 12:00pm)
 - Li'l Explorers (Thursdays 10:00am – 12:00pm)



- **Large Events:** Large events happen throughout the year. We need several volunteers to help run the events on the day of and help prep for the events leading up to them. We will reach out to you as needed.
- **Programming by Age:** Interested in assisting with programs but can't commit weekly to a specific day. Scheduled based on availability provided and current need. Check the preferred age groups below, and we will notify you when we need assistance.

Children (0-12)

Teens (13-18)

Adults (18+)

Archives

- **Digitizing:** Scanning and organizing files into the computer
- **Research:** Reading the files and making notes of names, dates, and locations.

Other: My availability varies too much to make a weekly commitment, and/or I have a skill I want to share. Provide Details _____



Confidentiality Statement

I realize that in my capacity as a Leon Valley Public Library volunteer I may come in contact with confidential information. I do hereby agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my services as a volunteer has ended.

Signature _____ Date _____

If Under the Age of 18, please have a parent or guardian sign below:

Printed Name _____ Date _____

Signature _____ Date _____



Volunteer Emergency Contact Information

Please Print

Volunteer Information

Name: _____

Emergency Contact #1

Name: _____

Relationship to You: _____

Home Address: _____

Cell Phone Number: _____

Email Address: _____

Work Phone Number: _____

Emergency Contact #2

Name: _____

Relationship to You: _____

Home Address: _____

Cell Phone Number: _____

Email Address: _____

Work Phone Number: _____

Signature _____ Date _____

If Under the Age of 18, please have a parent or guardian sign below:

Printed Name _____ Date _____

Signature _____ Date _____



Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer with the **Leon Valley Public Library, City of Leon Valley**, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise, or other activity of any nature, including the use of equipment and facilities of the City of Leon Valley.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive, and discharge the **City of Leon Valley** and its officers, directors, employees, agents, and other volunteers of and from any and all claims which I or my heirs, administrators, and assigns ever may have against any of the above for on account of, by reason of, or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands, and causes of action.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the **State of Texas** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that my work is completely voluntary, and I will not receive payment of any kind from the **City of Leon Valley** for work rendered. I will also follow the **City of Leon Valley** policies while working in a volunteer capacity.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

I, the undersigned, am at least 18 years of age, or I am the parent or guardian of a participant who is less than 18 years of age. I have read the Volunteer Liability Release form and understand all its terms. I execute it voluntarily and with full knowledge of its significance. Furthermore, I have carefully read the foregoing release and indemnification and understand the contents thereof, and sign this release as my own, free act.

_____	_____	_____
<i>Signature of Participant</i>	<i>Date</i>	<i>Witness</i>

<i>Printed Name</i>		
_____	_____	_____
<i>Signature of Participant</i>	<i>Date</i>	<i>Witness</i>

<i>Printed Name</i>		



Available Schedule

Place a check in all available time slots you are interested in volunteering during. This will help us create a flexible volunteer schedule convenient for you.

	Tuesday	Wednesday	Thursday	Friday	Saturday
9am – 10am					
10am – 11am					
11am – 12pm					
12pm – 1pm					
1pm – 2pm					
2pm – 3pm					
3pm – 4pm					
4pm – 5pm					
5pm – 6pm					
6pm – 7pm					
7pm – 8pm					

Are there any dates included in the day and times that you've selected but will not be available?

INFORMATION RELEASE AUTHORIZATION

Criminal Background Check

Applicant's Name (Print): _____

Date of Birth: _____

Race: _____

Social Security Number: _____

I, _____, do hereby authorize any law enforcement agency to furnish the City of Leon Valley or its agent information related to my criminal history. I hereby release the City of Leon Valley and all of its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability, resulting from the furnishing of this information to the City of Leon Valley. I certify that the statements made by me on this form and on all pages of the City of Leon Valley Employment Application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for employment/continued employment, and could result in disciplinary action including termination.

Signed _____

Date _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

Only in the case that a fingerprint search is needed:

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Teens Speak Interest Form



The mission of Teens Speak is to provide a place of support for teens to express their opinions, connect with the community, and inspire change through educational programming, entertaining events, and volunteer opportunities while closing the achievement gap and inspiring teens to become life-long users of the library.

Voice Your Opinion | Inspire Change | Make Community Connections | Earn Volunteer Hours

Name: _____

Preferred Name or Nickname, if Applicable: _____

Date of Birth: _____

Email Address: _____

Cell Phone Number (for Text Communications): _____

Grade During the 2024-2025 School Year: 8th 9th 10th 11th 12th

Are you Homeschooled? Yes No

Which days are best for you to attend a meeting or an event at the library? Place a check by your AVAILABLE times.

Check One: Summer Schedule Fall Schedule Spring Schedule

	Tuesday	Wednesday	Thursday	Friday		Saturday
4pm – 5pm					11am- 12pm	
5pm – 6pm					12pm – 1pm	
6pm – 7pm					1pm – 2pm	
7pm – 8pm					2pm – 3pm	

Are you interested in serving on the Teens Speak Leadership Council? Yes No

If so, please check the positions you're interested in.

- President** will work closely with the Library Director and Library Staff to organize meetings, assist in creating agendas, and preside over meetings.
- Vice-President** will serve as acting president in their absence and will assist in directing meetings. Responsible for coordinating volunteer efforts.
- Secretary** will be responsible for the attendance sheets and taking minutes at the meetings.
- Fundraising Chair** will work with leadership council and members to create a committee to plan and organize fundraising activities; will serve as the liaison to the Friends of the Leon Valley Public Library.
- Communications & Outreach Chair** will create and promote communication and outreach for Teens Speak and the library; work directly with library staff on social media campaigns; manage submissions of book reviews, artwork, blog posts, and flyers to the Library Staff.
- Homeschool Liaison** will provide a voice and perspective of homeschool teens to Teens Speak.