

*Background checks are an important aspect of the selection process to promote a safe environment for you as a volunteer as well as for employees and visitors to the Library, to protect organizational assets such as people, property and information and to ascertain suitability for a volunteer assignment.*

***This information is confidential and will be stored in a confidential manner.***

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_  
**(full name required)**

**Date of Birth ( mm/dd/yyyy):** \_\_\_\_\_

**Other Last Names Used:** \_\_\_\_\_

**Driver's License # & State:** \_\_\_\_\_

A. Have you ever been convicted of any drug or child abuse related crimes? \_\_\_Yes \_\_\_No

B. Have you ever been convicted of any crimes related to violence? \_\_\_Yes \_\_\_No

C. Have you ever been convicted of a major traffic violation, including DUII? \_\_\_Yes \_\_\_No

D. Have you ever been convicted of ANY misdemeanor or felony crimes? \_\_\_Yes \_\_\_No

E. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? \_\_\_Yes \_\_\_No

F. Have you ever had a restraining order filed against you? \_\_\_Yes \_\_\_No

**If "Yes" to any question, please complete the following:**

Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize Saline County Library to check criminal and/or civil records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_