

## WOONSOCKET HARRIS PUBLIC LIBRARY ADULT VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

### **VOLUNTEER CONTACT INFORMATION**

NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
HOME PHONE #	
MOBILE PHONE #	
EMAIL	
BEST WAY TO CONTACT YOU?	
AGE	

### **EMERGENCY CONTACT**

NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
PHONE	
RELATIONSHIP	

### **AVAILABILITY**

During which times are you available for volunteer assignments?

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY

### **COMMITMENT OF HOURS**

I would like to volunteer on an ongoing basis at \_\_\_\_\_ hours per week.

I would like to volunteer until \_\_\_\_\_ (date) at \_\_\_\_\_ hours per week.

I would like to volunteer for \_\_\_\_\_ hours total to fill a community service requirement.

(If you need community service hours by a specific date, please be aware that a separate CORI form has to be filled out and that it can take several weeks for it to be processed.)

## Sample Volunteer Tasks

Tell us in which areas you are interested in volunteering. We will try to match volunteers with their interests if volunteer projects are available in that area at the time.

___ Cleaning	<ul style="list-style-type: none"><li>• Dusting book stacks</li><li>• Cleaning DVDs</li><li>• Cleaning computers/work areas</li></ul>
___ Shelving	<ul style="list-style-type: none"><li>• Putting books and other collections away on the shelves</li></ul>
___ Shelf-reading	<ul style="list-style-type: none"><li>• Putting books in order</li><li>• Straightening the shelves</li><li>• Alphabetizing collections</li></ul>
___ Shifting	<ul style="list-style-type: none"><li>• Shifting collections to make more room (requires lifting)</li></ul>
___ Sorting for book sales	<ul style="list-style-type: none"><li>• Sorting donations for the Friends of the Library book sales</li></ul>

## SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## PREVIOUS VOLUNTEER EXPERIENCE

Please describe your previous volunteer experience.

**OTHER INFORMATION**

Is there anything else you would like us to know about you?

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**CORI (Criminal Offender Record Information) REQUEST –PLEASE SEE ATTACHED**

The Woonsocket Harris Public Library requests that all volunteers age 18 years and older complete a criminal offender record information (CORI) prior to volunteering at the library. A CORI check can be obtained either in person at the Bureau of Criminal Identification desk, or by mail at 150 South Main Street Providence, RI 02903.

**Please Return This Form To:**

Margaret McNulty  
Woonsocket Harris Public Library  
303 Clinton St  
Woonsocket, RI 02895

**When Do I Start?**

Thank you for completing this application form and for your interest in volunteering with us. Once we verify your application, a volunteer coordinator will contact you regarding current opportunities available at the Woonsocket Harris Public Library. After the CORI check is complete, the volunteer coordinator will schedule a time to interview you to discuss the available projects and to set a schedule.

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. The Woonsocket Harris Public Library will not be held liable for any injuries that occur while I am volunteering.

Name (printed)

Signature

Date

### **Criminal Offender Records Information (CORI) Policy**

In order to promote security for Library patrons, especially children, the elderly and the disabled, all volunteers aged 18 and over will undergo a Criminal Offender Records Information (CORI) check. This is a final check in the volunteer screening process.

Volunteers must complete a CORI check through the Bureau of Criminal Identification, an agency of the State of Rhode Island. **This may be done either in person at the BCI desk, or by mail at 150 South Main Street Providence, RI 02903.**

A volunteer's CORI record will not be disseminated to any other person or agency. CORI records are not part of the public record, and will be kept in a secure location separate from other files, and may be retained for not more than three years. Only one copy of an individual's CORI will be kept in the file at any time. Superseded copies will be shredded.

Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. If a criminal record is received from DCJIS, the authorized individual will ensure that the record relates to the applicant. If the Woonsocket Harris Public Library is inclined to make an adverse decision based on the results of the CORI check, the applicant will be notified immediately. The applicant shall be provided with a copy of the criminal record and the Woonsocket Harris Public Library CORI policy, advised of the part(s) of the record that make the individual unsuitable for the position, and given an opportunity to dispute the accuracy and relevance of the CORI record.

If the Woonsocket Harris Public Library reasonably believes the record belongs to the applicant and is accurate, the determination of suitability for the position will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to the following:

- (a) Relevance of the crime to the position sought;
- (b) The nature of the work to be performed;
- (c) Time since the conviction;
- (d) Age of the candidate at the time of the offense;
- (e) Seriousness and specific circumstances of the offense;
- (f) The number of offenses;
- (g) Whether the applicant has pending charges;
- (h) Any relevant evidence of rehabilitation or lack thereof;
- (i) Any other relevant information, including information submitted by the candidate or requested by the hiring authority. The Woonsocket Harris Public Library will notify the applicant of the decision and the basis of the decision in a timely manner.

# Rhode Island Criminal Record Requests

**\*YOU MUST SUPPLY THE WOONSOCKET HARRIS PUBLIC LIBRARY  
WITH THE ORIGINAL BCI PAPER**

## **BCI Hours of Operations are:**

Monday-Friday  
8:30 AM-4:30 PM  
No Holidays

One of the major functions of the BCI Unit is responding to those requesting criminal history checks. Due to increased security measures in both the private and public sectors, the need for employment background checks continues to rise. On average, personnel at the BCI window in Providence served more than 310 people each day, Monday through Friday. In addition, BCI personnel responded to approximately 281,150 request received annually by mail, fax and telephone.

In 2012, the BCI Unit generated \$370,104 in paid background check fees, an increase of \$51,826 over the previous year.

There are three types of background checks; State, State with the Attorney General's signature, and a National Background Check (fingerprints). Please see below for more information:

**Notice:** All BCI records are confidential Law-Enforcement Documents. However, these records can be released as follows:

## **PLEASE ALLOW 7 BUSINESS DAYS FOR U.S. MAIL RETURN**

**By Mail: 150 South Main Street Providence, RI 02903**

- A signed and notarized release for information
- A copy of **one** of the following photo identifications:
  - State Issued Driver's License
  - State Issued Identification Card
  - Passport
- **Check or money order (NO CASH) for \$5.00 payable to BCI**
- **A self addressed stamped envelope for return**

### **In Person: At BCI desk**

- **One** of the following:
    - State Issued Driver's License
    - State Issued Identification Card
    - Passport
  - **Check or money order (NO CASH) for \$5.00 payable to BCI**
-

Name: \_\_\_\_\_  
(Print or Type)

Maiden Name: \_\_\_\_\_

D/O/B: \_\_\_\_\_

**DISCLAIMER**

I \_\_\_\_\_ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to \_\_\_\_\_ any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me in the City of \_\_\_\_\_ State of \_\_\_\_\_  
\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**NOTE: Copy of photo identification with date of birth must accompany this Disclaimer.**