



**Authorization and Notification for Criminal Background Check**

As a prospective Muncie Public Library volunteer, I understand the need for a criminal background check. By signing below, I grant permission to Muncie Public Library to have my name checked through the state and local law enforcement agencies concerning contacts, citations, and arrests.

I also understand that Muncie Public Library may check my name through the State Central Registries of Adult and Child Abuse/Neglect, and the Sex Offender’s Registry.

**Please print clearly. All information is required.**

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

Former Names: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex--Please circle one:      Male              Female

Race--Please circle one:

White      African-American      Hispanic      Asian      Native American      Other

I understand that any information will be used solely by Muncie Public Library to make decisions regarding volunteer approval and placement.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Questions concerning volunteer registrations, criminal background checks or volunteer placement should be directed to: Administration of Muncie Public Library, 2005 S High St., Muncie, Indiana 47302. Phone 765-747-8201.