



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: _____

Home Address: _____

Address City State Zip

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.

1/2016