

RULES FOR YA VOLUNTEERS

We are glad that you've decided to offer your time to the Leesburg Public Library as a volunteer. To make this experience a good one for you and the staff, alike, we need you to read and remember the following rules:

1. You must be at least **12 years old or in the 6th grade** to volunteer in the Youth Department. You may not do any more than two hours of volunteer time if you are ages 12 to 14, on a given day, unless you have been asked to work on a special project. If you are high school aged, and show us a scholarship application, you may work up to four hours per day if your schedule permits, and there is sufficient work for you to do.
2. You must fill out a Volunteer Application before you begin your volunteer service. **The application must be completed and signed, including your social security number.** We would also like your parent's signature under yours so that we know your parents have been advised that the city will be doing a thorough security check on you. Please also supply us with emergency information in case we need to contact your parent or parents.
3. **If you are doing volunteer hours for Bright Futures or another scholarship requirement, please let us know.** We will keep track of your hours, but you should back our documentation up with your own recordkeeping. Everyone makes mistakes, and we don't want to jeopardize your chances to get the scholarship. **Understand that scholarship eligibility is based on grades and test scores, as well as volunteer hours. Your school guidance counselor will be able to tell you if you qualify for scholarships.** We can't guarantee that you will be eligible for scholarships. We also will not give you credit for volunteer hours in advance of your work. You must perform service before you get credit.
4. If you need a **letter of recommendation**, please ask the Librarian. We are happy to make letters available to our volunteers. However, please give us enough notice so that we can do a good job telling your scholarship source how great you are!
5. **Make sure you sign out when you are volunteering.** If you take a break to visit with friends or play on the computer, you are not working and you will not get credit for that time.
6. **While you are in the library, we expect you to behave responsibly and professionally.** You should not be noisy or engage in activities that create an atmosphere in which other people cannot work or study.

7. While you are volunteering, we will assign you duties that are appropriate for volunteers. **This may include: checking books in, shelf-reading, shelving books, preparing materials for children's programs, serving on the Teen Board, and engaging in activities related to the Teen Board.** If a library patron for approaches you help, please refer the patron to a staff member. Helping the public is our job. If you choose to turn down a volunteer assignment, sign yourself out. Volunteers are expected to do the work they are asked to do, not the work they choose to do.
8. **The workroom and office space are not areas for the public. We ask that you remain in the Youth room unless you are given a specific (supervised) project that requires you to be in the workroom or office.**
9. The library is not a substitute for after school care. **Please do not bring younger children to the library and leave them unsupervised.** We cannot be responsible for their safety.
10. **Please respect the staff.** We will try to be polite and considerate of your work and feelings, and we expect the same behavior from you.

In case of emergency notify _____
name relationship

Address _____ Phone (____) _____
Street City State Zip

If your application is considered favorably, on what date will you be available for work? _____

List the job related skills you possess _____

Do you possess a valid drivers license? Yes ____ No ____ Issued by what state? _____

Drivers license type: Non-Commercial ____ CDL ____ Class ____ Expiration Date _____

List any endorsements _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
Elementary	_____		5 6 7 8		
High	_____		1 2 3 4	Y / N	
College	_____		1 2 3 4	Y / N	
Other	_____		1 2 3 4	Y / N	

CERTIFICATION	CERTIFICATION NUMBER	TYPE	EXPIRATION DATE

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes ____ No ____ If yes, what branch? _____

Dates of duty: from _____ to _____ Rank at discharge _____

Duties in service including special training _____

PERSONAL REFERENCES (not former employees or relatives)

NAME & OCCUPATION	ADDRESS (CITY & STATE)	DAYTIME PHONE WITH AREA CODE
_____	_____	
_____	_____	
_____	_____	

EMPLOYMENT HISTORY

Please list all employment past and present including volunteer experience (temporary and part time).

Account for all periods, including unemployment and service in the armed forces.

If you were employed under a different name, please enter the name in the right hand margin.

BEGIN WITH YOUR MOST RECENT OR PRESENT EMPLOYER

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ Phone with area code _____	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ Phone with area code _____	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From: To:			

May we contact the employers listed above? _____ If we may not contact all employers listed, please indicate by name which one(s) you do not wish us to contact and why:

The facts set forth in this application for employment are true and correct. I understand that if employed, false statements on the application shall be considered sufficient cause for dismissal.

Applicant's Signature

Date

EMPLOYMENT APPLICATION DRUG POLICY STATEMENT

A drug-free work place policy has been adopted by the City of Leesburg in accordance with Section 440.102, Florida Statutes.

It is the policy of the City of Leesburg to ensure a drug-free work place. Employees are required to refrain from the use of drugs and from possessing, distributing, dispensing or being under the influence of drugs while at the work place. Persons who unlawfully use, possess, distribute or dispense drugs, or who are under the influence of illegal drugs while in the work place are deemed not suitable for employment. The employee or job applicant who refuses to submit to a drug test, the City shall not be barred from discharging or disciplining the employee, or from refusing to hire the job applicant.

Certain employees of the City of Leesburg fall within the purview of the collective bargaining agreements between the City and the Professional Firefighters of Leesburg. The relevant articles in these bargaining agreements shall prevail in the cases of conflict between this policy and the bargaining agreements until such time as the bargaining agreements expire. An employee who is disciplined may pursue any applicable remedy or appeal pursuant to the agreements with the Public Employees Relations Commission, the City or an applicable court.

The City will conduct the following types of drug tests as authorized by Florida Statutes and pursuant to City Policy: Job Applicant Testing; Reasonable Suspicion Testing; Routine Fitness for Duty Testing; and Follow-Up Testing. Certain departments/positions are governed by the Department of Transportation 49 CFR Part 199 and 49 CFR Part 40 regulations and the Federal Highway Administration 49 CFR Parts 382 and 391 and are also subject to random and post-accident testing.

Employees and job applicants who are using prescription and non-prescription medication may report such facts to the City before or after being tested by a signed, dated letter to his/her department supervisor or the Human Resources Director, as the case may be. A list of the most common medications which may alter or affect a drug test may be obtained from the office of the Human Resources Director.

Employees and job applicants have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication. The name and address of the laboratory conducting the drug testing will be provided to the applicant/employee at the time of the test. It is the employee's or job applicant's responsibility to notify the laboratory of any administrative or civil actions brought pursuant to the Drug-Free Work Place Policy.

An employee or job applicant who receives a positive confirmed drug test result may submit information to the City contesting or explaining the results within 5 working days after written notification of the positive test result.

The names, addresses, and telephone numbers of local employee assistance programs and alcohol and drug rehabilitation programs are made available to employees through the City Human Resources Office.

All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the City through a drug testing program are confidential communications and will not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceeding, except in accordance with Section 440.102, Florida Statutes; in determining compensability under Chapter 440, Florida Statutes, or pursuant to Florida's Public Records Act.

The following is a list of the drugs for which the City may be test, described by brand names or common names, as applicable, as well as by chemical names:

DRUGS

TRADE OR COMMON NAMES

Alcohol

Narcotics

Opium	Dover's Powder, Paregoric, Parepectolin
Morphine	Morphine, Pectoral Syrup
Codine	Tylenol with Codeine, Empirin Compound with Codine, Robitussin A-C
Heroin	Diacetylmorphine, Horse, Smack
Hydromorphone	Dilaudid
Meperidine (Pethidine)	Demeoral, Mepergan
Other Narcotics	LAAM, Leritine, Numorphan, Percodan, Tussionex, Fentanyl, Darvon, Talwin, Lomotil

Depressants

Chloral Hydrate	Noctec, Somnos
Barbiturates	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate
Benzodiazepines	Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Traxene, Valium, Verstran, Halcion, Paxipam, Restoril
Methazualone	Quaalude
Glutethimide	Doriden
Other Depressants	Equanil, Miltown, Noludar, Placidyl, Valmid

Stimulants

Cocaine	Coke, Flake, Snow, Crack
Amphetamines	Biphetamine, Delcobese, Desoxyn, Dexedrine, Mediatric
Phenmetrazine	Preludin
Methylphenidate	Ritalin
Other Stimulants	Adipex, Barcarate, Cylert, Didrex, Ionamin, Pelgine, Pre-Sate, Sanorex, Tnuate, Tepanil, Voranil

Hallucinogens

LSD	Acid, Microdot
Mescaline and Peyote	Mexc, Buttons, Cactus
Amphetamine, Variants	2, 5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB
Phencyclidine	PCP, Angel Dust, Hog
Phencyclidine Analogs	PCE, PCPy, TCP
Other Hallucinogens	Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn

Cannabis

Marijuana	Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks
Tetrahydrocannabinol	THC
Hashish	Hash
Hashish Oil	Hash Oil

Propoxyphene

Darvocet, Darvon N, Dolene

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND ACKNOWLEDGE THAT THE CITY OF LEESBURG IS A DRUG-FREE WORKPLACE.

Applicant's Signature

Date

PERMISSION FOR JOB BACKGROUND INVESTIGATION AND RELEASE FORM FOR CONSUMER REPORTS

I, the undersigned Applicant, agree and authorize the City of Leesburg to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that the City of Leesburg will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any part or agency contacted by the City of Leesburg to furnish the above-mentioned reports at any time during my employment with the City of Leesburg.

I have the right to make a request of the credit reporting agency, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment with the City of Leesburg.

Print your name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License - State: _____ Number: _____

For Identification Purposes:

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Race: _____ Gender _____

Other or former names: _____

Professional License - State: _____ Type: _____ Number: _____

Applicant's Signature

Date Signed

Witness Signature

Printed Witness Name