



TOWN OF GRANBY- GRANBY PUBLIC LIBRARIES

Cossitt Creation Station (CCS) **Certified Volunteer Application**

Volunteers are scheduled according to the current needs of the library. If there are no openings at the time you apply, your application will be kept on file for 1 year. CCS volunteers may support patrons with projects, demo different equipment, train patrons or support CCS staff with programs.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. The Director of Library Services has the discretion to accept or reject applicants based on the needs of the library as per our Community Volunteer Policy.

Name _____ Phone _____

Address _____ Email _____

Background Check:

A certified volunteer will be given permission to work with patrons and support CCS staff with programs as a secondary library presence. All certified volunteers must have a background check.

I, _____ hereby authorize the Granby Public Libraries to make an independent review of criminal or police records and the Department of Children and Families' Abuse and Neglect Registry for the purpose of approving my request to volunteer.

I understand that this background check is required of all volunteers pursuant to the Granby Library Board Certified Volunteer Policy. I release Granby Public Libraries from any and all liabilities, claims or lawsuits in regard to the use of information obtained from any and all of the sources used. Granby Public Libraries reserves the right to request a follow-up background review. I understand that, should I be denied the privilege of volunteering based on the results of any such background check(s), I will be provided with the reason for such denial and with the opportunity to respond. However, should I believe there is an inaccuracy in the background check results, I understand that such inaccuracy may only be challenged with the relevant law enforcement agency pursuant to Connecticut General Statutes 53-1421 or with the Department of Children and Families.

This background check will be valid for a 3-year period.

Signature

Date

Emergency Contact:

Name _____ Relationship _____

Phone _____

Community Service Information

If volunteering is to fulfill community service required hours, please fill out the backside of this paper.

As a community service volunteer, I need to complete _____ hours by _____ (date)
for _____ (school, court ordered, etc.).

To whom must your community service hours be reported:

Name _____ Email _____

Phone _____ Address _____

Approved by Granby Library Board February 12, 2024