



Friends of the
MIDDLETOWN
PUBLIC
LIBRARY

700 WEST MAIN ROAD, MIDDLETOWN, RI 02842

Thank you for your interest in volunteering with the Friends of the Middletown Public Library.

To process your application, we need the following

1. Complete the application and return to Evelyn Cherpak in the enclosed envelope.
2. Complete the Middletown Police Department Request for BCI Check.
The form must be signed in front of the Notary. A Notary is available at Middletown Town Hall on East Main Road in the Town Clerk's Office. There is no charge for this service.
3. The Police Department Request needs to be taken to the Police Department on Valley Road.
 - a. The Department Clerk's office is closed between 12:30 and 1:30 Monday to Friday
 - b. The Police Department Form will be **sent** to the Library within 48 hours. There is no charge for the service.

When the application and back ground check have been reviewed, Evelyn Cherpak will contact you.

If you have any questions, please call Evelyn Cherpak at 847-5649

A background check performed by your Police Department of choice is required for all applicants. Once you return your background check to us, please allow 2-3 weeks for a member of our staff to review your application. If we have availability and you are approved, we will contact you using the contact information you provided.



Friends of the Middletown Public Library, Inc
Volunteer Application

Contact Information

Name

Street Address

City, State, Zip Code

Phone Contact

Email Address

Home:

Cell:

Please select which area(s) interest you most:

Book Retrieval _____ Membership _____ Book Store _____

Please tell us about your special skills and/or qualifications you would bring to the Friends of the Library:

Personal Reference:

Name

Phone

Email Address

Emergency Contact:

Name

Street Address

City, State, Zip Code

Phone Contact

Email Address

Home:

Cell:

Agreement and Signature:

I understand and agree that in processing my application, the **Friends of the Middletown Public Library, Inc.** may verify all information provided by me, and will conduct a background check through the Middletown Police Department.

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.

Name, please print: _____ Signature: _____ Date: _____

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preferences, age, or disability.

Thank you for your interest in volunteering with the Friends of the Middletown Public Library Inc.



MIDDLETOWN POLICE DEPARTMENT REQUEST FOR BCI CHECK

I hereby give my permission for the Middletown Police Department to obtain and release my criminal record for employment or personal reasons. You are authorized to send my record to:

Middletown Public Library

700 West Main Road

Middletown, RI, 02842

% Evelyn Cherpak

Print Name

Date of Birth

Social Security Number

Signature

Date

☐ Male

☐ Female

Race _____
(Optional)

NOTARY PUBLIC (seal)

Address

City/State/Zip

Commission Expires

POLICE DEPARTMENT USE ONLY

Criminal History Performed on _____

NO RECORD _____ RECORD _____

Police Department Authorized Signature