(Insert Library Name) Volunteer Application

We value your willingness to volunteer your time at (INSERT NAME OF THE LIBRARY) and appreciate your commitment to our community. Please understand your role as a volunteer is purely by your choice, and you determine your schedule with your supervisor. You do not have any regular employee status. Please complete this application, read and sign the second page, and return to the Library Director. If you have any questions, please contact the Library Director at (INSERT LIBRARY PHONE NUMBER). Your volunteer contributions help make our library a great community resource. Thank you!

**Completing this application does not guarantee a volunteer assignment.**

□One-Time Volunteer Assignment □ Ongoing Volunteer Assignment

|  |  |
| --- | --- |
| **Last Name** | **First Name** |
| Address |
| City | State | Zip |
| Phone | Email Address |
| Date of Birth (mm/dd/yyyy) (**for background check purposed only)** |

**Please complete the following information ONLY if applying for an ongoing volunteer assignment. If applying for a one-time volunteer assignment, proceed to signature at the bottom of this document.

Availability –** Please indicate below the times when you are available.

□ Morning □ Afternoon □ Evening
□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday

Are you over the age of 17? Yes □ No □

|  |
| --- |
| Volunteer experience: |

|  |
| --- |
| Special interests and skills: |

Do you understand the Dewey Decimal system? Yes □ No □
Do you have keyboarding (typing) ability? Yes □ No □
Have you ever been convicted of a crime? Yes □ No □
(Conviction will not necessarily disqualify applicant from volunteer employment.)

|  |
| --- |
| If Yes, list specific crime including description of circumstances, date and place of conviction. |

**Employment Experience** – Provide information about your present or most recent job.

|  |  |
| --- | --- |
| Past employer: | Dates Employed From: To: |
| Job Title: | Supervisor Name: |
| Responsibilities: | Reason for leaving: |
| Supervisor Contact Information: |

**References** – Preferably former supervisors or employers (2)

|  |  |
| --- | --- |
| Name | Position |
| Address | Phone Number |

|  |  |
| --- | --- |
| Name | Position |
| Address | Phone Number |

**Emergency Contact Information**

|  |
| --- |
| Name |
| Relationship | Phone |

**(Insert Library Name) Volunteer Agreement and Release of Liability**

In consideration of my role as a (Insert Library Name) Volunteer and my use of equipment and facilities provided by the (Insert Library Name), I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that (Insert Library Name) and its insurers, employees, board members, directors, and management, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of (Insert Library Name). By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge (Insert Library Name), its insurers, employees, board members, directors, and management, from any and all claims, demands, damages, right of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of (Insert Library Name) equipment and facilities.

I expressly agree to indemnify and hold (Insert Library Name) harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me. I agree to comply with all rules imposed by (Insert Library Name) regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and appropriate manner at all times.

I understand and agree that (Insert Library Name) is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand that I have agreed to this unpaid volunteer opportunity with (Insert Library Name). I also understand that if a stipend is available, by accepting said stipend, I do not have any regular employee status and I waive all rights to regular employee status while serving in this capacity. I have been advised of my right to seek legal counsel prior to signing this agreement.

**I HAVE READ THE FOREGOING AGREEMENT AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OT ITS CONTENT.**

**ACKNOWLEDGEMENT**

By my signature, I promise that the information provided in this volunteer application (and accompanying resume or documentation, if any) is true and complete. I understand that any false or misleading information or significant omissions will disqualify me from further consideration for volunteering and may lead to my dismissal from volunteering if discovered at a later date. I agree to immediately notify (Insert Library Name) if I should be convicted of a felony or any crime while application is pending, or during my period of volunteering, if accepted.

I authorize (Insert Library Name) to make any investigation deemed necessary for volunteer consideration. I authorize all persons, schools, employers and law enforcement authorities to release any information concerning my background, including all information contained in this application and information provided in the interview, if any. I hereby release any said persons, school, employers and law enforcement authorities from all liability in responding to inquiries in connection with my application.

I understand also that I am required to abide by all rules and regulations of (Insert Library Name). I also understand that I have the right to receive a copy of this acknowledgement should I request a copy.

Applicant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature (required if under age 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_