

Volunteer Application

Name _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contact Name and Phone _____

Address _____

Previous Volunteer Experience (If Any):

Special Interests, Skills, or Training (Hobbies, Classes, Degrees, Etc.):

The following are examples of tasks for which the library might need volunteers. Please check those which are of interest to you:

- | | | |
|--|--|---------------------------------------|
| <input type="radio"/> Shelving Books | <input type="radio"/> Cleaning or Fixing Materials | <input type="radio"/> Reading Shelves |
| <input type="radio"/> Gardening/Lawn Care | <input type="radio"/> Filing/Clerical | <input type="radio"/> Maintenance |
| <input type="radio"/> Assisting with Children's Programs | <input type="radio"/> Other | |

What Days And Times Are You Available To Volunteer?

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Fridays: _____

Saturdays: _____

Would You Be Available Year-Round School Year Summer Winter

Volunteer Signature _____

Release of Liability and Assumption of Risk Agreement

In consideration of being allowed to assist with library events and programming, regardless of the location, I the undersigned acknowledge, appreciate and agree that:

1. Although the risk of injury associated with library events and programming is minimal, there is always the chance that injury could occur.
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for participation as a volunteer at Farnsworth Public Library and/or its programming and events.
3. I, the applicant and any heirs, assigns, personal representative and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Farnsworth Public Library and the City of Oconto, it's officers, officials, agents, and/or employees, other participants, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event (releasees) from any and all claims, demands, losses and liability arising out of or relating to any injury, disability or death, suffered by the applicant, or loss or damage to person or property whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASUSMPTION OF RISK AGREEMENT, FULLY UNDESTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____ Date _____