

Tween / Teen Volunteer Application

Farnsworth Public Library is pleased to offer 5th – 12th graders the opportunity to assist with programming and other projects at the library. Please complete this form and return it to the library for review. You will be contacted with information about specific events / duties that you may be qualified to assist with. Thank you for your interest in volunteering at the library!

Name _____ Last Grade Completed _____

Address _____

Phone _____ Parent's Email Address _____

Tell us why you would be a good volunteer for the library: _____

Would you be interested in volunteering during the school year? yes / no

Would you be interested in volunteering during the summer? yes / no

FOR YOUR TEACHER TO FILL OUT: Please tell us why this applicant would make a good library volunteer.

Teacher's Name (please print)

Teacher's Signature

Date

Volunteer Signature _____

Parent 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 **parent/legal guardian** of the applicant, 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 the above mentioned minor child's participation as a volunteer at Farnsworth Public Library programming and events.
3. I, on behalf of 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, ON BEHALF OF THE MINOR APPLICANT, I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent's / Legal Guardian's Signature _____ Date _____