

LAGO VISTA PUBLIC LIBRARY ADULT VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

BIRTH DATE: _____

WHAT DUTIES WOULD YOU LIKE TO PERFORM? PLEASE CHECK ALL THAT APPLY

CIRCULATION DESK: _____	SHELF READER: _____	SPECIAL EVENTS / PROGRAMS: _____
REPAIR BOOKS: _____	CLEAN CDs & DVS: _____	HELP WITH STORYTIME: _____
COVER BOOKS: _____		

HOW MANY DAYS PER MONTH COULD YOU VOLUNTEER? _____

WHAT SHIFTS WOULD YOU LIKE TO WORK?

MON/WED/FRI: _____	10 AM – 2 PM	_____	2 PM – 6 PM	
TUS/THU: _____	10 AM – 2 PM	_____	2 PM – 5 PM	_____ 5 PM – 8 PM
SAT: _____	10 AM – 2 PM			

DO YOU HAVE HOBBIES OR SPECIAL SKILLS YOU WOULD LIKE TO TEACH OTHERS? _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

DOCTOR NAME: _____ PHONE: _____

ALLERGIES: _____

VOLUNTEER ACKNOWLEDGMENT

As a condition of serving as a volunteer, I consent to a criminal background check. Volunteers approved for service will be required to sign a "Library Volunteer Agreement Release & Waiver of Liability" Form before that person is allowed to participate as a volunteer at the Library.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

LAGO VISTA PUBLIC LIBRARY

YOUTH VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

BIRTH DATE: _____

1) I WOULD LIKE TO DO THE FOLLOWING: _____

2) I AM VOLUNTEERING BECAUSE: _____

3) I CAN VOLUNTEER ON (DAYS OF THE WEEK) _____

FOR _____ HOURS PER DAY.

MEDICAL INFORMATION

EMERGENCY CONTACT NAME: _____ PHONE: _____

ALTERNATE CONTACT PERSON: _____ PHONE: _____

DOCTOR NAME: _____ PHONE: _____

ALLERGIES: _____

LIST RESTRICTIONS DUE TO HEALTH REASONS: _____

VOLUNTEER ACKNOWLEDGMENT

Volunteers approved for service will be required to sign a "Library Volunteer Agreement Release & Waiver of Liability" Form before that person is allowed to participate as a volunteer at the Library.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (IF UNDER 18): _____ DATE: _____

PARENT/GUARDIAN PRINTED NAME: _____

LIBRARY VOLUNTEER AGREEMENT RELEASE & WAIVER OF LIABILITY

I agree that I may provide volunteer, unpaid services to City of Lago Vista Library in accordance with the following understandings:

1. I understand that placement into volunteer, unpaid positions are at the sole discretion of City of Lago Vista Library Director. Accordingly, the volunteer service may be withdrawn or terminated at any time.
2. I agree to follow the directions of City of Lago Vista Library staff and to exercise reasonable care in all activities in which I participate.
3. I agree not to disclose any personally identifiable information or other library records except as specifically required by state or federal law in accordance with the Library's Privacy and Confidentiality Policy.
4. I agree to follow all of City of Lago Vista's Rules and all applicable State and Federal laws, rules, and regulations.
5. I fully understand and hereby acknowledge that my volunteer participation with the City has risks, dangers, and hazards and could result in injury or illness.
6. I hereby assume all risks of danger, illness or injury to myself.
7. I hereby assume responsibility for all losses or damages involving myself, regardless of cause.
8. I, on behalf of myself, my personal representatives, my heirs and assigns, hereby voluntarily waive, release, discharge, hold harmless, defend, and indemnify the City of Lago Vista, its agents, employees, and officers, from any and all claims, actions, losses for bodily injury, property damage, wrongful death, loss of services, or otherwise, which may arise from my own volunteer participation.
9. I specifically understand that I am releasing, discharging, and waiving claims or actions that I may have presently or in the future for the negligent acts or omissions of the City, its agents, officers or employees.
10. This Agreement shall be governed and construed in accordance with the laws of Texas, without regard to Texas's conflicts-of-law principles, and all claims relating to or arising out of this contract, or the breach thereof, whether sounding in contract, tort or otherwise, shall likewise be governed by the laws of Texas, without regard to Texas's conflicts-of-law principles. Any claims, legal proceeding or litigation arising in connection with this Agreement will be brought solely in Travis County, Texas, and the Parties consent to the jurisdiction of such courts.

I understand all of the aforementioned terms and provide my signature on this Volunteer Agreement.

Printed Name

Date

Signature

Lago Vista Staff Initials