Volunteer Application

Name: _____

Address: _____

Street City

Email Address: _____

Phone: _____ Cell phone: _____

Date of Birth: _____

Areas of Interest: (Check the box next to the jobs that interest you)

- o Unpack/pack boxes
- o Organize (makerspace, crafts, office, etc.)
- o Crafts (cutting out pieces, gluing, making samples)
- o Clean and sort toys
- o Seed library (organizing seeds, envelopes, etc.)
- o Set up/take down for programs and events
- o Shelf read (look for items out of order)
- o Shelve and shift materials; assist with inventory
- o Straighten shelves and materials
- o Clean materials (games, computers, books, etc.)
- o Dust
- o Assist library staff as needed

Availability: (circle all that apply)

Days: M T W Th F Sat **Hours:** Morning Afternoon Evening

Reference: (not a relative)

Name:_____

Phone: _____

Relationship to you:

Are you willing to submit to a criminal and/or drivers' background check if required? Yes No

I hereby apply to volunteer at Delavan Public Library. I understand that if I am accepted, I will be expected to follow a mutually acceptable schedule and to notify the Volunteer Coordinator promptly if I am unable to volunteer as scheduled. I will notify the Coordinator at least two weeks in advance of any extended leave or of my resignation. I also understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner. I agree to attend training sessions for volunteers, to accept guidance and evaluation from the Volunteer Coordinator or Departmental staff and maintain a good working relationship with library employees and other volunteers. I will comply with library policies.

All information above is true and accurate. Please read and sign the liability waiver.

PARTICIPANT'S WAIVER, RELEASE AND INDEMNITY AGREEMENT- I fully and completely release the City of Delavan, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever arising by reason of my being allowed to volunteer with the City. I acknowledge that any photograph or video taken of me participating in this volunteer activity may be used for outreach, education or documentation purposes by the library/city.

Applicants under the age of 18 must have a parent or guardian signature.

Volunteer signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____Date: _____