



**RUTHERFORD
COUNTY
LIBRARY SYSTEM**

**TN Promise
Application Form**

ATTENTION: FORM IS DOUBLE-SIDED! This form must be filled out COMPLETELY in order for your application to be considered!

HOW MANY HOURS DO YOU NEED? _____

WHAT IS YOUR DEADLINE? _____

Personal Information:

Name: _____ Date: _____

Daytime Phone #: _____ Email: _____

Date of Birth: _____ TNDL# _____

Have you ever applied for a paid or non-paid position with RCLS before? _____

Additional Information:

Are you currently a student? _____ Highest level of education completed? _____

Have you been convicted of a crime? _____ If yes, please briefly explain: _____

Emergency Contact Information:

Emergency Contact full name _____

Relationship: _____ Contact # _____

Parental Consent: (if under 18 years of age, parent/legal guardian permission is required)

Name: _____ Relationship: _____

Signature & Date: _____

When are you available?

AM
PM

Mon

AM
PM

Tue

AM
PM

Wed

AM
PM

Thu

AM
PM

Fri

AM
PM

Sat

Sun



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Conditions of Volunteering *(Initial Each Paragraph, sign and provide information as needed)*

LIABILITY RELEASE

In consideration of the acceptance of my application for Rutherford County Library System(RCLS) Volunteer Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation as a volunteer worker with a branch of the RCLS. This release is intended to discharge in advance the RCLS, its employees or agents from liability. It is understood that some volunteer activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

CONSENT TO TREAT

I hereby give my consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in RCLS Volunteer Program. It is understood that the RCLS provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Personal Physician _____ Contact Information _____

VOLUNTEER AGREEMENT

The Library reserves the right to screen & select volunteers based upon aptitude and library needs as well as to determine all volunteer placements, assignments and shift durations. By completing and signing this form, I am certifying that I am willing to make the above delineated commitment and that I consent to the conditions of volunteering and a comprehensive background check. My signature below signifies that all of the information provided herein is complete and accurate to the best of my knowledge. I further understand that misrepresentation or omission on this form will result in elimination for consideration, now or in the future. I agree to abide by any current or future instructions, rules and policies of the RCLS. I further understand that my arrangement and volunteer position can be eliminated by RCLS at any time for any reason, and without advance notice from RCLS. I certify that I enter freely into this arrangement with no expectation of monetary compensation.

Signature & Date: _____