



General Volunteer Application Form

Personal Information:

Name: _____ Date: _____

Address: (Street, City, State, Zip) _____

Daytime Phone #: _____ Email: _____

Date of Birth: _____ TNDL# _____

List any limitations or concerns you'd like us to consider: _____

Additional Information:

Are you willing to make a commitment of at least 2 hours/week over a 4 month period? _____

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

Are these hours required for school or credit in any way? _____ If so, what & where? _____

Are you currently employed? _____ Employer: _____

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

Do you have a Linebaugh Public Library System Card? _____ Card # _____

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: _____



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When are you available?

AM
PM

Mon

AM
PM

Tue

AM
PM

Wed

AM
PM

Thu

AM
PM

Fri

AM
PM

Sat

*Linebaugh Library
Does not offer volunteer
Opportunities on Sundays.*

Do you have any special skills, interests or experience you'd like us to know about?

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

LIABILITY RELEASE

In consideration of the acceptance of my application for Linebaugh Public Library System (LPLS) 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 LPLS. This release is intended to discharge in advance the LPLS, 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 LPLS Volunteer Program. It is understood that the LPLS 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 LPLS. I further understand that my arrangement and volunteer position can be eliminated by LPLS at any time for any reason, and without advance notice from LPLS. I certify that I enter freely into this arrangement with no expectation of monetary compensation.

Signature & Date: _____