



# Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Prior volunteer experience: Yes \_\_\_ No \_\_\_

If yes, describe your prior volunteer experience:

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Volunteer Opportunities Interested In:

- Shelf-reading library materials
- Programming (crowd control, room set-up and clean-up, assistance)
- Technology instruction
- Interpretation/Translation. Which language? \_\_\_\_\_
- Manning booths at festivals and events
- Special projects

Other ways you feel you could assist the library:

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Emergency contact name: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

# Waiver and Release of Claims and Indemnity Agreement

PARTICIPANT'S NAME: \_\_\_\_\_

I understand and agree that I am not an employee of MRLD and will not represent myself as such.

I do hereby further understand and agree:

1. I understand that, while MRLD endeavors to provide a safe working environment, participation in volunteer services may expose me to certain risks of personal injury or property damage, including but not limited to automobile accidents, slips and falls, or damage to personal property such as personally owned vehicles. I acknowledge that services may be performed in both indoor and outdoor conditions and may involve sitting, standing, or performing administrative or financial tasks requiring the use of standard office practices and tools. I agree to perform all services cooperatively and professionally with the Board of Trustees, staff, and the public.
2. I have read and understand the foregoing and, in consideration of being permitted to volunteer, hereby voluntarily release, waive, and discharge MRLD, its officers, directors, employees, agents, successors, and assigns from any and all claims, demands, damages, or causes of action of any kind, whether known or unknown, arising out of or relating to any injury, illness, or property damage occurring in the course of volunteer service, including damage to personal vehicles or other personal property. This release and waiver shall be binding upon me and my heirs, executors, administrators, successors, and assigns. I further understand that volunteer services may be terminated at any time by either MRLD or by me, and that no wages, compensation, or benefits shall be due or payable for such services. Knowing these conditions, I voluntarily and of my own free will execute this Agreement.
3. All volunteering is at will and may be terminated at any time with or without cause.
4. That in the event that I am selected to become a volunteer / intern for MRLD, I agree to comply with all of its policies and procedures. I fully understand and agree to provide my services to the MRLD as a volunteer / intern in a voluntary capacity and that I will receive no compensation or benefits for services provided.
5. I understand that I am participating as a volunteer and will not be paid a wage for the volunteer services provided to MRLD. I will not be asked to provide any supplies or to spend any out-of-pocket funds to volunteer for service to MRLD. Any reasonable and necessary expenses that I believe must be incurred as a result of my service shall be reimbursed to me, but only if such reimbursements have been approved by MRLD's Board of Trustees in advance of incursion of such expenses.
6. Volunteers are not provided any health or medical insurance by MRLD, nor are they paid for their services or for any "days off" from volunteer service. As unpaid volunteer staff, I understand that MRLD has not provided any insurance coverage to me through workers' compensation insurance. Volunteers are solely responsible for their own insurance covering injury or accident which may occur during and in the furtherance of MRLD's mission to provide library services to the public. Volunteers, therefore, are advised and agree to observe all reasonable safety rules while volunteering for MRLD.

# Volunteer Agreement

As a volunteer with the Meeker Regional Library District (MRLD), you play a vital role in the success of our programs and services. We could not serve the community without your help, and we greatly appreciate your time and hard work. The library will provide you with the training necessary to be successful.

1. Non-Disclosure Agreement: You understand that you may have access to nonpublic information, including confidential information concerning personnel matters, members of the community, or library records. You understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of your volunteer position with MRLD. You also agree not to discuss these matters after you have left your volunteer position. You further understand that a breach of this agreement shall constitute grounds for and may result in termination of your volunteer status with MRLD. Initials \_\_\_\_\_

2. Background Check: All volunteers 18+ must pass a background check before they can begin volunteering. You can expect an email with a link to a background screening form. There is no fee for this process.

Please come to us if you have any questions or concerns related to the above conditions.

Volunteer Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

## TELL US ABOUT YOUR AVAILABILITY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING 10AM-12PM						
AFTERNOON 12PM-4PM						
EVENING 5PM-7PM						

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I, the undersigned, do certify that I am the parent or legal guardian of the above applicant, that I have read and understand the above WAIVER OF LIABILITY AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT; and that I consent and agree to the terms stated therein. In the event that an injury or accident occurs while the above referenced applicant is volunteering / interning, it shall be my sole responsibility to provide insurance coverage or guarantee of financial responsibility.

PARENT/GUARDIAN (IF VOLUNTEER / INTERN IS UNDER THE AGE OF 18):

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_