

**Bemis Public Library
Volunteer Application**

Volunteer Name: _____ **Date:** _____

Due to insurance requirements, Bemis Library cannot accommodate volunteers under the age of 18 years.

Volunteer Opportunities Interested In:

- Homebound delivery
- Shelving reserve materials
- Shelf-reading library materials
- Processing library materials
- Clerical (filing, copying, summer reading prep)
- Programming (crowd control, room set-up and clean-up)
- Technology instruction (iPhone, Google Apps, web browsing)
- Interpretation/Translation. Which Language? _____
- After-hours event assistance
- Other. Please, specify _____

How did you learn about us? _____

Tell us about you:	And about your experience:
When are you available to start?	Occupation/Major:
Date of Birth:	Prior Volunteer Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Describe any prior volunteer experience:
Personal Email:	Languages Spoken (Other than English):
Preferred Contact Method: Phone <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/> _____	List skills:

Primary Address: 	References (1 of 2) (non-family): Name _____ Phone or Email _____
City: State: Zip:	References (2 of 2) (non-family): Name _____ Phone or Email _____
Emergency Contact's Name: Relationship:	
Emergency Contact's Phone and Email: _____	

Tell us about your availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9:00-12:00)							
Afternoon (12:00-5:00)							
Evening (5:00-8:30)							

*Bemis Library Hours are Monday – Thursday 9 AM – 8 PM, Friday/Saturday 9 AM – 5 PM, Sunday 1PM – 5 PM (subject to change)

Please retain my application for 6 months in the event there are no current openings.

For Office Use Only:

Screening Consent Date: sent _____ confirmed _____

Date Entered in Database: _____

Notes:

Volunteer Agreement

As a volunteer with the Bemis Public Library, 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 related City business. You understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of your volunteer position with the City of Littleton. 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 the City. **Initials** _____
2. **Background Check:** As part of the City of Littleton’s policy, all volunteers must pass a background check before they can begin volunteering. You can expect an email with a link to a background screening form. You will need to provide your full name, social security number, license number, and addresses for the last seven years. 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 _____

**CITY OF LITTLETON
WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

PARTICIPANT'S NAME: _____

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

I do hereby further understand and agree:

1. That as a volunteer / intern I will be performing the specific tasks referenced above. That I am aware that there may be certain risks involved in providing volunteer / intern services for the City of Littleton, said risks may include injury or accident to person or property or other loss, and I freely, voluntarily, and with such knowledge assume any such risks while volunteer / interning my services.
2. That the City of Littleton and its employees, agents and assigns shall not be responsible or liable for any injury damage, loss, or expense, either to me or my property incurred while volunteering / interning my services and resulting from any act or omission on the part of any employee, agent, or assign of the City of Littleton.
3. For myself, my heirs, executors, administrators, and assigns, to defend, indemnify, release, and hold harmless, the City of Littleton and all of its employees, agents, and assigns from and against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages, liability or expenses, including attorney's fees, of every kind and nature incurred or arising by reason of any actual or claimed act or omission of mine while volunteering / interning my services to the City of Littleton, including, but not limited to, claims of sexual harassment, civil rights violations, or relating to alcohol or drug use.
4. That the City of Littleton reserves the right to terminate me from my volunteer / intern services, in its sole and exclusive discretion if my work is not satisfactory.
5. That in the event that I am selected to become a volunteer / intern for the City of Littleton, I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to the City of Littleton as a volunteer / intern in a voluntary capacity and that I will receive no compensation or benefits for services provided.
6. That I am NOT insured by Worker's Compensation Insurance. I understand and agree that I am covered by an Accident Medical Insurance Policy, only as a secondary or excess insurance policy that only insures me to the extent I am not otherwise insured by Medicaid, Medicare, or any group or individual insurance policies. I understand and agree that said secondary insurance provided by said Accident Medical Insurance Policy is subject to the limitations of coverage in that policy for claims reported within 30 days of the date an injury is incurred. I accept this secondary insurance policy as the limit of City liability while I am a volunteer / intern with the City of Littleton. I understand and agree that if I choose to transport program participants in any private vehicle, that I must maintain current automobile liability insurance coverage on said vehicle, in accordance with statutory requirements. The City will not provide any automobile liability insurance coverage for said purpose or said vehicle or be responsible for any liability or claim arising there from.
7. In the event of any emergency, I authorize the provision of medical treatment deemed necessary for my immediate care from any licensed hospital, physician, and/or medical personnel, and I agree that I will be responsible for payment of any and all such services rendered.

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:
<p>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.</p>		
PARENT/GUARDIAN (IF VOLUNTEER / INTERN IS UNDER THE AGE OF 18):		
SIGNATURE		DATE: