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Date Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State ZIP Code DOB

**What days are you available to volunteer?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |

|  |
| --- |
| **Have you done volunteer work before? Yes / No** **If yes, where?** |

|  |
| --- |
| **Do you have any conditions we would need to be aware of in case of an emergency?** |

**Please list 2 emergency contacts:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relation Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relation Phone

|  |
| --- |
| **Have you ever been convicted of an offence other than a traffic violation? If yes, please explain.** |
| **Are there any criminal charges pending against you? If yes, please explain.** |

**Volunteer Release and Waiver Agreement**

Please read below and sign:

I certify that the statements made in the volunteer application are true and correct and have been given voluntarily.

I understand misrepresentation of any information may result in termination of my volunteer involvement. I am volunteering for personal reasons. I understand I will not be paid for my services as a volunteer and expect no compensation. I give my consent to Alpha Park Library to use interviews, photographs, or video of myself (my child) for promotional and educational purposes in the media. I hereby agree to release, waive, and discharge Alpha Park Library from any and all claims or liabilities resulting from my volunteer services. I hereby agree not to institute or assist in any action or suit at law or in equity against the Alpha Park Library, the village of Bartonville, its officers, employees, agents, or otherwise, for compensation, damage, loss or injury either to person or property, or both arising out of volunteer services.

Applications for minors will only be accepted with a parent’s signature (Minimum age of 16). Should I become a volunteer, I agree to:

* Comply with the rules and regulations of the Alpha Park Library.
* Perform my volunteer duties to the best of my ability and act at all times as a member of the team.
* To meet time and duty requirements, or provide adequate notice and attempt to arrange for alternative arrangements.
* All Volunteers may be subject to a back-ground check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if applicable) Date