Volunteer Application

Name (last, first, middle) _____

Address_____ City_____ State _____ Zip Code: _____

Home Phone _____ Alternate Phone_____

Email_____

Check here if you are under the age of 18 ☐

Emergency Contact (local only)

Name (last, first, middle) _____

Home Phone _____ Alternate Phone_____

What interests you about working at the Carbon County Library System?

_____

_____

_____

_____

Please feel free to list any special credentials or relevant work experiences (including computer/web knowledge and/or familiarity with libraries).

_____

_____

_____

_____

As a volunteer, would you prefer:

☐ To be called on special projects as needed?

☐ To have the same weekly schedule?

When are you available to work?

☐ Mornings   ☐ Mondays   ☐ Thursdays

☐ Afternoons   ☐ Tuesdays   ☐ Fridays

☐ Evenings   ☐ Wednesdays ☐ Saturdays

Do you have any physical restrictions or special considerations we should be aware of?

_____

_____

_____

Check any types of volunteer work you might be interested in:

☐ Program Instructor

☐ Special Projects

☐ Clerical

☐ Working with Books

☐ Working with Computers

☐ Working with People

☐ Working with Children

☐ Working Outside

☐ Cleaning

☐ Other_____

Remember that, as a volunteer, you are working in the public eye as a representative of the library.

I _____ acknowledge and agree that activities performed as a volunteer will be performed strictly on a volunteer basis, without any pay, compensation, or benefits. I agree and understand that I must comply with the rules and regulations established by the Carbon County Library System ("CCLS") and that failure to do so may result in my immediate removal as a volunteer.

I am aware of the nature of the activities to be performed as a volunteer. I agree that all volunteer activities are to be performed by myself, at my own risk, and I assumed full responsibility therefore.

I agree not to hold or attempt to hold CCLS or their employees responsible for any injury or damage sustained or incurred by myself, arising out of or in any way connected with my activities as a volunteer at CCLS. I hereby release and discharge CCLS and their employees from any and all claims, demands, causes of actions of any nature or cause, for any such injury or damage incurred or suffered by my actions.

_____
Printed Name of Volunteer

_____
Signature of Volunteer

_____
Date