

**APPLICATION FOR VOLUNTEER SERVICE**  
**Poynette Area Public Library**

**Applicant Information:**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address:  
\_\_\_\_\_

Education: High School \_\_\_\_\_ College \_\_\_\_\_ Other Education/Background Experience  
\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

**I am interested in Volunteering for (please circle):**

- Adult Services Assistant / Circulation  
(Material re-shelving, repair, processing, etc.)
  
- Youth Services Assistant  
(Projects as needed for programming, etc.)

**Service Project:**

Service project? Yes \_\_\_\_\_ No \_\_\_\_\_ How many hours? \_\_\_\_\_ By what date? \_\_\_\_\_

Organization \_\_\_\_\_

## **VOLUNTEER WAIVER**

As a volunteer for the Poynette Area Public Library, I will use all equipment and facilities appropriately and follow all safety practices. I am aware the functions associated with being a library volunteer involve certain risks of physical injury or death. Being fully informed as to these risks and in consideration of being given the opportunity to participate in the library's volunteer program, I hereby, on behalf of myself and my heirs assume all risks in connection with my participation in the program, and I further hold harmless the Village of Poynette, the Poynette Area Public Library, the Poynette Library Board, the Friends of the Poynette Library, their officials, employees, and agents and their assigns for any injury or damages which may occur to me while I am participating in this program, and waive all rights to bring claim or lawsuit against them for any such injury, damage, or death.

Furthermore, I agree to hold harmless, defend and indemnify the Village of Poynette, the Poynette Area Public Library, the Poynette Library Board, the Friends of the Poynette Library, their officials, employees, and agents from any and all claims and lawsuits for injury, loss or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the volunteer program, except for injuries or damages caused by the sole negligence of the library. I authorize any necessary medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. I agree to be the party responsible for all medical expenses which are incurred in my behalf.

As a volunteer, I further acknowledge that I am not an employee of the Poynette Area Public Library or the Village of Poynette. Consequently, I do not possess and am not entitled to any of the rights or benefits that are possessed by the employees of the Poynette Area Public Library or the Village of Poynette.

I also give the library permission to take pictures of me participating in library events. These photos may be used for publicity, which may include the library's website or other social networking sites.

### **Please read the following carefully before signing:**

I certify that the information included in this application is true, complete, and correct to the best of my knowledge and belief. I had the opportunity to discuss the details of this mutual agreement with the Library Director.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(First, Middle Initial, Last)

Signature of Parent/Guardian (if under the age of 18) \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_

As an Equal Opportunity Employer, Poynette Library intends to comply fully with all Federal and State laws that prohibit bias in regard to race, color, religion, national origin, sexual orientation, age, sex or disability. The information requested on this application will not be used for any purposes prohibited by law.