



Geneva Public Library's Volunteer Application

Today's Date: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Date of Birth: _____ *(used to determine if this should be brought to the attention of Youth Dept)*

- Are you interested in a certain type of task or project at the Library?

- Do you have any previous volunteer experience? If yes, please describe:

- Do you have any physical limitations that will need to be accommodated for? **Yes** _____ **No** _____

If yes, please describe: _____

- Are you interested in long-term or short term volunteer work? **Long-term** _____ **Short-term** _____

- Do you have a certain number of hours that you need to complete? **Yes** _____ **No** _____

If yes, how many? _____

- When are you available? List days of the week/times of day you're available:



Person to contact in case of an emergency:

Name: _____

Relationship: _____

Phone Number: _____

Alternate Number: _____

Terms of Agreement

Staff will try to accommodate individual interests and talents when assigning tasks, but it is not guaranteed. Volunteers will be expected to complete all assigned projects to the best of their abilities.

If your volunteer task(s) require a defined schedule, it is expected that you will adhere to this schedule. If you are unable to come in when you are scheduled, please let the staff person in charge of your task know as soon as possible. If you do not call and do not show up for your scheduled shift, you may be dropped from the volunteer program.

As a volunteer, you agree to abide by all rules and regulations set forth by the Geneva Public Library. By signing this form, the Volunteer releases and forever discharges and holds harmless the Geneva Public Library and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your volunteer work with the Geneva Public Library.

Volunteers agree to release the Geneva Public Library from any and all liability for personal injuries and property losses or damage occasioned by, or in connection with, the Geneva Public Library, and expressly waive any such claim for compensation or liability on the part of the Geneva Public Library beyond what may be offered freely by the representative of the Library in the event of such injury or medical expense.

I understand and agree to the above terms for being a volunteer at Geneva Public Library.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if applicable)