	Voluntee	er Application
Name	2:	
Addre	255:	
	Street	City
Phon	Auuress	Cell phone:
Date	of Birth:	_ cell phone
0 0	Carry boxes to the basement Change cases for DVDs & CDs Adopt-a-Shelf	<ul> <li>Dust</li> <li>Look for items out of order</li> <li>Cut scratch paper</li> </ul>
	Cut out projects for children Assist with programs	<ul> <li>Clean discs using our machine</li> <li>Clean board books &amp; picture bool</li> </ul>
0	Organize magazines & sort toys	<ul> <li>Shelve movies</li> </ul>
	<b>bility:</b> (circle all that apply) ays: M T W Th F Sat Hours:	Morning Afternoon Evening

## Are you willing to submit to a criminal and/or drivers' background check if required? Yes No

I hereby apply to volunteer at Matheson Memorial Library. I understand that if I am accepted, I will be expected to follow a mutually acceptable schedule and to notify the Volunteer Coordinator promptly if I am unable to volunteer as scheduled. I will notify the Coordinator at least two weeks in advance of any extended leave or of my resignation. I also understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner. I agree to attend training sessions for volunteers, to accept guidance and evaluation from the Volunteer Coordinator or Departmental staff and maintain a good working relationship with library employees and other volunteers. I will comply with library policies.

All information above is true and accurate. Please read and sign the liability waiver.

PARTICIPANT'S WAIVER, RELEASE AND INDEMNITY AGREEMENT- I fully and completely release the City of Elkhorn, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever arising by reason of my being allowed to volunteer with the City. I acknowledge that any photograph or video taken of me participating inI this volunteer activity may be used for outreach, education or documentation purposes by the library/city.

Volunteer signature: \_\_\_\_\_ Date: Date: