

MAMMEN FAMILY PUBLIC LIBRARY ADULT VOLUNTEER APPLICATION

Name: Date:	
Address:	
City: Phone:	
Email Address (please print clearly):	
Please check below for volunteer opportunities in which you are interchildren must consent to a background check): Shelving Children's special events	ested (volunteers working with
After school Tutoring/Bluebonnet p <mark>ro</mark> gram	
Adult special events	
Read to Adult Seniors	
Craft Time	
Teach a class – the library will send a prop <mark>osal</mark> form	
Are you volunteering to fulfill a community service requirement? Yes No The library cannot commit to more than 2-4 hours per week for community service requirements.	
Have you ever been convicted of a felony? Yes No	
I,, do hereby agree to indemnify and hold harmless the Mammen Family Public Library from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the Mammen Family Public Library in consideration of my participation as a volunteer for the library.	
I understand that in my capacity as a volunteer, I may come in contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.	
Signature Date	