



MAMMEN FAMILY PUBLIC LIBRARY

STUDENT VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ Phone: _____

Email Address (please print clearly): _____

DOB (mm/dd) ___/___ Emergency Name & Contact Phone: _____

Please check below for volunteer opportunities in which you are interested (*volunteers working with children must consent to a background check*):

_____ Shelving

_____ Children's special events

_____ After school Tutoring/Bluebonnet program

_____ Adult special events

_____ Read to Adult Seniors

_____ Craft Time

_____ **Teach a class** – the library will send a proposal 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.

Parent/Guardian Signature _____ Date _____

Signature _____ Date _____