



MAMMEN FAMILY PUBLIC LIBRARY

ADULT VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ Phone: _____

Email Address (please print clearly): _____

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

_____ Childrens events

_____ Adult events

_____ **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.

Please choose: Court Ordered School/Volunteer organization requirement

Have you ever been convicted of a felony (circle one)? 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 _____