Adams County Library
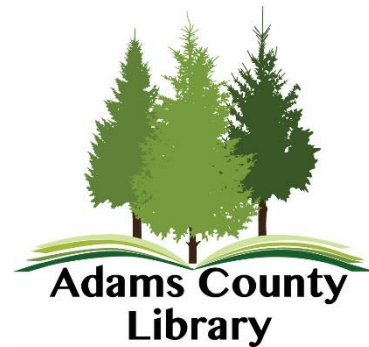
Volunteer Application

Personal Information:

Name: _____

Mailing Address_____

City_____ State_____ Zip Code_____

Primary Phone Number: (   )_____

Email address_____

Interests and Skills:

I am interested in the following volunteer opportunities at the Adams County Library (*check all that apply*):

Shelving/Adopt-a-Shelf	_____	Used book sale (August)	_____
Cleaning/Decorating	_____	Garden and Landscaping	_____
Special Clerical Projects	_____	Summer Library Program	
Assistance with programs	_____	(May – July)	_____

Other_____

Is this a service project for school or a youth group?   Yes _____   No _____
If yes, please provide a **Reference** (employer, teacher, or other adult) we may contact:
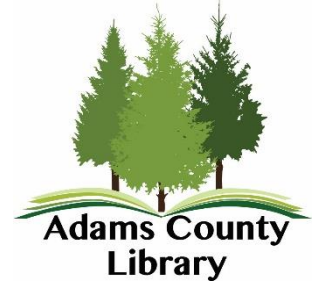
Name:_____ Relationship: _____

Phone Number: _____

Emergency Contact. For students younger than 18 years old, guardian must sign below:

Name:_____ Relationship: _____

Main Phone Number: _____ Work Phone Number:_____

Adams County Library

Waiver of Liability and Hold Harmless Agreement

The undersigned desires to participate in _____.
The undersigned assumes all responsibility and risks related to or in any way connected with the activities.

In consideration of Adams County, the undersigned does for himself, his heirs, executors, successors and assigns, release, waive, discharge and covenant not to sue the County, its employees, agents, successors and assigns, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation arising out of, on account of, related to, or in any way connected with the undersigned's participation at the Adams County event.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT
I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign if voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____ day of _____, 20____.

THIS IS A RELEASE
READ BEFORE SIGNING

WITNESSES:

_____   _____
Witness   Participant

_____   _____
Date   Date

Policy reviewed 05/21/2018

Staff use only below this line.

Date received at library_____   Approved?   Yes   No

Background check run_____   Date contacted _____