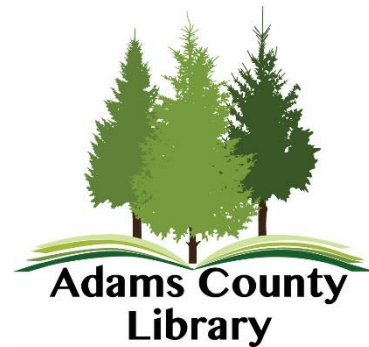


# Adams County Library

## 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: \_\_\_\_\_

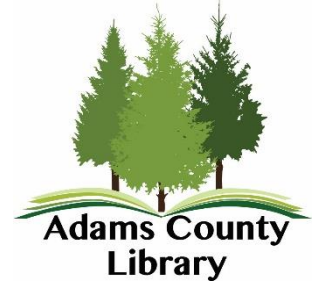
**Emergency Contact.** For students younger than 18 years old, guardian must sign below:

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*

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Staff use only below this line.

Date received at library \_\_\_\_\_

Approved?    Yes    No

Background check run \_\_\_\_\_

Date contacted \_\_\_\_\_