



Volunteer Application and Waiver of Liability

NAME _____ DATE _____

ADDRESS _____

EMAIL _____

CELL PHONE _____

EMERGENCY CONTACT/PHONE: _____

VOLUNTEER PREFERENCES

Please check all areas of interest.

- Picklist: Locate library materials from a list
- Flower Bed Maintenance: Weeding and trimming greenery
- Program Support: Assist with library programs
- Library Tidying: Straighten books/dust shelves, push in chairs, sanitize tables

What is your availability? Check all that apply.

- Mornings Afternoons Evenings Saturdays

How often would you like to volunteer?

- 1 day a week 1 day every two weeks 1 day a month Special Events

List any special needs or other comments:

*Applications will be kept on file for one year.

Waiver of Liability

I, _____ (if an adult over the age of eighteen) or as parent or guardian of _____, a minor, wish to act as a volunteer for the East Moline Public Library. I do hereby for myself or for my child or ward, my heirs, executors, administrators and assigns RELEASE AND FOREVER DISCHARGE the East Moline Public Library, board members, employees, and agents from any and all matters of action or causes of action, damages, claims and demands whatsoever, in law or in equity, which I, or my child or ward have or may have or had, may have or hereafter acquire arising out of or in any way connected to my or their participation as a volunteer for the East Moline Public Library.

That neither East Moline Public Library, nor its employees or agents shall be held liable for any injury, loss or expense either to me as an adult participant or to my child, ward or me in my capacity as a parent or guardian in any manner as a result of participating as a volunteer for the East Moline Public Library, whether resulting from any negligent act or failure to act by said Library, their employees or agents; and I do hereby agree to fully indemnify the East Moline Public Library and all persons or entities referenced herein from any and all losses, including, without limitation, attorney fees, in any way related to me or my child or ward’s participating as a volunteer for the East Moline Public Library.

On behalf of myself, my heirs, executors, administrators and assigns, I hereby release all rights not inconsistent with this Waiver or any of its provisions.

Therefore, I am signing my name under the words “THIS IS A RELEASE OF RIGHTS” to signify my understanding of the provisions of this document.

THIS IS A RELEASE AND WAIVER OF RIGHTS

Individual participant (if over 18 years old)

Date

Parent or Guardian

Date

Confidentiality Agreement:

I understand that it is the policy of the East Moline Public Library to protect the privacy of those who use the library. I agree to hold all information about patrons in complete confidence. I also understand that a breach of confidentiality is grounds for dismissal from volunteering at the Library.

Initial: _____