



Volunteer & Community Service Application

Thank you for your interest in volunteering for the Wellington Public Library! The Library welcomes volunteers and appreciates their contributions of time and talent to assist library staff in delivering services to our community.

Contact Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Your Availability

Please indicate when you would be available to volunteer in the boxes below.

	TIME
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	

Date Available: _____

How many total hours are you interested in volunteering? _____

Are you volunteering to earn community service hours?: Yes / No

of hours needed: _____

Your Availability

Which volunteer assignments would you be interested in? Check all that apply.

- Circulation**
Shelve books, straighten shelves, check shelves for accuracy
- Children's Programs**
Assist with StoryTimes, Summer Reading Programs, classes, etc.
- Clerical**
Copying, scanning, filing, help prepare crafts for library programs
- Book Processing**
Covering/processing new items
- Teaching**
Teach a class or program
- Wellington Library Friends**
Organize books in the Used Book Store, help with book sales



Volunteer & Community Service Release and Liability Waiver

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.

The Volunteer desires to work as a volunteer for the Wellington Public Library and to engage in the activities related to volunteering. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. Waiver and Release: Volunteer does hereby release and forever discharge and hold harmless the Wellington Public Library from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work. Volunteer understands and acknowledges that this Release discharges the Wellington Public Library from any liability or claim that the Volunteer may have against the Wellington Public Library with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for the Wellington Public Library, whether caused by the negligence of the Wellington Public Library or its officers, directors, employees, agents, volunteers, or otherwise. Volunteer also understands that, except as otherwise agreed to by the Wellington Public Library in writing, the Wellington Public Library does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

2. Medical Treatment: Except as otherwise agreed to by the Wellington Public Library in writing, Volunteer does hereby release and forever discharge and hold harmless the Wellington Public Library and its successors and assigns from any and all liability or claims which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's work.

3. Assumption of Risk: The Volunteer understands that the work for the Wellington Public Library may include activities that may be hazardous to the volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from work sites. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases the Wellington Public Library from all liability for injury, illness, death or property damage resulting from the activities the Volunteer performs on behalf of the Wellington Public Library.

4. Insurance: The Volunteer understands that, except as otherwise agreed to by the Wellington Public Library in writing, the Wellington Public Library does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Photographic Release: Volunteer does hereby grant and convey unto the Wellington Public Library all rights, title, and interest in any and all photographic images and video or audio recordings made by the Wellington Public Library during the Volunteer's work for the Wellington Public Library, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless the Wellington Public Library for any inaccuracy or misrepresentation.

Signature: _____

Date: _____

Printed name: _____

Are you 18 or older? _____

Address: _____

Phone: _____

(If signing on behalf of minor)
Child's Name: _____

(If signing on behalf of minor: Child's
Date of Birth: _____