

VOLUNTEER APPLICATION & WAIVER OF LIABILITY

NAME:			
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP CODE:	
IN CASE OF EMERGENCY, NOTIFY (Name): _			
TELEPHONE:	RELATIONSHIP:		
Confidentiality Agreement: I understand that it is the policy of the Rock Islan to hold all information about patrons in complet for dismissal from volunteering at the Library.		· · · · · · · · · · · · · · · · · · ·	
Waiver of Liability:			
_	ard members, employees and a whatsoever, in law or in equit		
That neither the City of Rock Island, nor its emplay as an adult participant or to my child, ward or matericipating as a volunteer for the Rock Island Filter, the Rock Island Public Library their employed Island Public Library and all persons or entities matterney fees, in any way related to me or my children in the control of the con	ne in my capacity as a parent on Public Library, whether resultin ees or agents; and I do hereby eferenced herein from any and	g from any negligent act or failure to act by said agree to fully indemnify the City and the Rock dall losses, including, without limitation,	
On behalf of myself, my heirs, executors, admin Waiver or any of its provisions.	istrators and assigns, I hereby	release all rights not inconsistent with this	
Therefore, I am signing my name under the wor of this document.	ds "THIS IS A RELEASE OF RIGH	TS" to signify my understanding of the provision	
THIS IS A RELEASE AND WAIVER OF RIGHTS			
Individual participant (if over 18 years old)	Date		
Parent or Guardian	 Date	-	

VOLUNTEER PREFERENCES

PLEASE CHECK ALL AREAS OF VOLUNTEER INTEREST:						
☐ Cleaning / Straigh☐ Special Events☐ Unpaid Practicum☐ PALS Membershi	n/Internship	tacks				
DAYS/HOURS AVAILABLE (check and circle all applicable days/times):						
	AM	AFTERNOON	PM	ANY		
Tuesdays	AM	AFTERNOON	PM	ANY		
Wednesdays	AM	AFTERNOON	PM	ANY		
Thursdays	AM	AFTERNOON	PM	ANY		
Fridays	AM	AFTERNOON	PM	ANY		
Saturdays	AM	AFTERNOON		ANY		
WHERE WOULD YOU LIKE TO VOLUNTEER?						
☐ Downtown Branc ☐ Southwest Brancl ☐ Watts-Midtown E ☐ Mobile Library	n					
☐ No Preference						
PLEASE LIST ANY SPECIAL NEEDS:						
ANY OTHER COMMENTS:						

THANK YOU FOR YOUR SERVICE. WE WILL BE IN CONTACT WITH YOU SHORTLY.

BOARD APPROVED: 5/20/2014 REVISED: 10/21/2014;

REVIEWED: 7/22/2019; APPROVED: 8/20/2019

REVIEWED & APPROVED: 11/15/2022