

Questa Public Library

Volunteer Agreement

Thank you for offering to volunteer at our library. The work here requires attention to detail. We make every attempt to match your skills with the tasks we have available.

Please print:

*Name _____ *Mailing Address _____

*City, State, Zip Code _____

*Phone: Home _____ Cell _____

*Please notify in case of emergency _____

*Relationship to you _____

What skills would you like to volunteer? _____

Do you have any experience working in a library? _____

What days and times are best for you? _____

Disclaimer/Release

I desire to volunteer my services to the Questa Public Library. I realize that as a volunteer, I will not be an employee of the library, or of the Village of Questa, nor will I be entitled to any benefits available to such employees. I agree to inform my library supervisor of any physical limitations I may possess. I understand that no consumption of alcohol, drugs or medications, which may affect my ability to fulfill my duties as a library volunteer, is permitted. I agree to inform my library supervisor of any hazardous or dangerous conditions or practices in the library that come to my attention. I further waive any rights or claims that I may have against the library, its employees and volunteers, and the Village of Questa from any potential liability arising during my volunteer activities. I understand the library may conduct a background check of any of my criminal, employment or volunteer records.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of future liability.

Volunteer or Parent/Guardian Signature _____ Please Print Name _____ Date _____

If volunteer is under 18 years of age, the Disclaimer/Release Statement must be read and signed by a parent or guardian.