Lied Public Library

Volunteer Application Form

NOTICE TO APPLICANT: Thank you for your interest in serving our community through work at the Lied Public Library. Volunteers are a very important component of our library. Volunteers are unpaid. Applicants may be required to submit to a criminal background check.

NAME:
PHONE:
EMAIL:
ADDRESS:
CONTACT PERSON (in case of emergency):
PHONE:
1. List past work experience (including volunteer work). Highlight the experience which you feel might be applicable to library work.
2. List other skills and special knowledge you have which might be beneficial to the library.
3. Why are you interested in the Lied Public Library?
4. Are you interested in all aspects of library work? Are there some jobs you are NOT interested in?
5. Would you prefer to have a regular work schedule or work on special projects within a more flexible time frame?

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6. Are there any days or times of days when you are NOT available?	
7. Are there any days or times of day when you WOULD prefer to work?	
8. How many hours per week/month would you have to give to the library?	
REFERENCES: 1	
PHONE:	
PHONE:	
In consideration of the opportunity to volunteer with the City of Clarinda, I fully and compethe City of Clarinda, its officials, and employees from any and all claims, demands, and lie nature and description whatsoever and howsoever arising by reason of my being allowed with the City. I understand that I will be covered by the City's worker's compensation insurphysical injuries that may occur during my volunteer activities. I acknowledge that any phy videotape taken of me participating in this volunteer activity may be used for outreach, edit documentation purposes by the City of Clarinda.	ability of every to volunteer trance for any otograph or
By my signature below, I verify that I understand the rights, responsibilities, and privilege participation in the volunteer program and agree to hold harmless, release, and indemnify Clarinda, its officials, and employees from liability for property damage and/or personal i from my participation in this program.	the City of
I understand that my volunteer work is a commitment. When I cannot work at the assigned notify the Library as soon as possible. If I decide to stop volunteering, I will notify the voluceordinator.	
Volunteer Signature	Date

The Lied Public Library and Library Grounds are smoke free according to Iowa's Smokefree Air Act www.iowasmokefreeair.gov

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For those under 18 – Please Complete

Parent/Guardian Agreement and Signature

I give permission for my child to volunteer with the Library. I understand that my child will be working under the supervision of the Library staff or trained volunteers.

I understand volunteering with the Library involves a commitment on the part of my child to work in a regular and responsible manner. I understand my child is responsible for corresponding with his/her supervisor in a timely manner regarding any scheduling changes, sick/vacation leaves, or questions.

I will assist in providing reliable transportation if necessary. I will make arrangements for my child to be picked up by closing time at the end of his/her shift and recognize the Library is not responsible for minors left after closing. I realize the Library cannot be responsible for my child after he/she leaves the building or for any personal belongings.

I acknowledge and agree that activities performed by my child as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I understand that my child must comply with the rules and regulations established by the Library and that failure to do so may result in his/her immediate removal as a volunteer.

Date
Phone

If you have any questions, please feel free to contact the Library.

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