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?
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: __________________________
2. ______________________________________________________________________
   PHONE: __________________________

In consideration of the opportunity to volunteer with the City of Clarinda, I fully and completely release the City of Clarinda, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City’s worker’s compensation insurance for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Clarinda.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the City of Clarinda, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature Date

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

Parent Name___________________________________________________________________
Parent Signature ___________________________________________ Date ________________
Parent Email ______________________________________________ Phone _______________

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