

Wayne Public Library Volunteer Application

Name: _____ Age (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone: _____

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Circle which days are best for you to volunteer: *Monday Tuesday Wednesday Thursday Friday Saturday*

Circle what times of day are best for you to volunteer: *Morning Afternoon Evening*

Days or times you **CANNOT** volunteer: _____

Why do you want to volunteer at the library? _____

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Library Volunteer Waiver

I hereby release and forever discharge and hold harmless the Wayne Public Library and the City of Wayne, its officials, employees, agents and volunteers (hereinafter "Library" and "City") from any and all liability, claims, damages, loss or demands of whatever kind or nature, either in law or in equity, which arise from the volunteer services I provide. I understand and acknowledge that this Release discharges the Library and the City from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from the volunteer services I am providing.

Signature of Volunteer: _____ Date: _____

Signature of Parent (if under 18): _____ Date: _____