



Clarence Public Library Volunteer Application

Thank you for your interest in serving our community through work at the Clarence Public Library. We use adult volunteers on a regular basis and student volunteers working on community service requirements.

Although volunteer opportunities are limited, we rely on our volunteers to enable us to provide the best service possible to the community. Because of this, we ask that volunteers commit to a schedule and give reasonable notice if at any time they are unable to report for work. If you are interested in volunteering, please complete this application and return it to the library for consideration.

Volunteer Information		Emergency Contact Information	
Name _____ Address _____ _____ Phone _____ Email _____	Name _____ Address _____ _____ Phone _____ Email _____ Relationship _____		

Please check one Adult Volunteer (age 17 or over) Community Service Volunteer (17 or older) Community Service Volunteer (under 17)

Why did you choose to volunteer at the library? _____

How many hours are you able to commit to the library? _____

Can you come in on a regular weekly schedule? _____

What days and times would you prefer to work? _____

Do you have any special skills or interests you think might be useful to the library? _____

Do you have any previous volunteer or employment experience?

Agency/Employer _____ Address _____ Phone _____ Supervisor _____ Duties _____	Agency/Employer _____ Address _____ Phone _____ Supervisor _____ Duties _____
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Clarence Public Library ♦ 3 Town Place ♦ Clarence, New York 14031 ♦ 741-2650



Volunteer Agreement

I understand that I am a Volunteer for the Clarence Public Library. As a volunteer, I understand that I will not be compensated (financially, or in any other manner) for my volunteer time. I further understand that I am not an employee of the Clarence Public Library or the Buffalo and Erie County Public Library or any of its locations, and am not entitled to any benefits that are provided to employees of the B&ECPL. I further understand that should I apply for future job openings, the Library is under no obligation to hire me.

I understand that my volunteer service may be terminated at any time and for any reason by myself or the Library, with or without notice. As a Clarence Library volunteer, I will try to provide a minimum of 2 weeks' notice to the Library to end my volunteer service.

As a volunteer, I agree to follow all Clarence Public Library Patron Policies and Rules of Conduct. I understand my obligation of confidentiality and agree to maintain the confidentiality of patrons and staff. I understand I am not permitted to remove or make copies of any records, reports or documents from the library.

As a volunteer, I understand that I am under no obligation to perform duties that I feel may be outside of the scope of my physical abilities or which I consider hazardous to my health or well being. The Clarence Public Library and the B&ECPL are not responsible for any injuries I may sustain while volunteering.

As a Clarence Library volunteer, I am considered a library advocate and supporter and I agree to perform my volunteer duties in a professional and credible manner and act in the best interests of the Clarence Public Library and the Buffalo and Erie County Public Library System.

Volunteer Signature _____ Date _____

For any applicants under the age of 17 this agreement must also be read and signed by a parent or legal guardian.

Name of parent or guardian
(please print) _____

Address
(if different from above) _____

Phone
(if different from above) _____

Signature _____





Clarence Public Library Waiver and Release

By signing this volunteer waiver and release, I agree to the following:

1. I release, waive, discharge and covenant on behalf of myself and/or my minor children (if minor children are volunteering) not to sue the Clarence Public Library or the Buffalo & Erie County Public Library (B&ECPL), their appointed officials, administration, employees (Releasee), agents and volunteers from all liability to me, or my minor children, for any loss or damage and any claim or demands on account of personal or property injury or because of my or my minor children's death, whether caused by Releasee's negligence or otherwise, while I, and/or my minor children, participate in the Clarence Public Library's Volunteer Program.
2. I further agree to defend, indemnify, and hold harmless the Clarence Public Library, the Buffalo & Erie County Public Library, and its officers, employees and agents, from and against any and all claims, suits, actions, liability judgment and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way herewith. I will pay all cost incidents to any claim including, without limitation, attorneys' fees.
3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of New York and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue to have full legal force and effect.
4. I grant permission to the Clarence Public Library and B&ECPL to use my, or my minor children's image, filmed or photographed during his/her volunteer activities, to promote services and programs.
5. I hereby understand that as a volunteer of the Clarence Public Library I may be subject to a background check and/or required to provide references.
6. In case of serious injury to myself (or minor child if volunteering), I give my permission to the Clarence Public Library to seek medical treatment should it become necessary.

I have read and voluntarily sign this release, waiver of liability and indemnity agreement and further agree that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

Volunteer Signature _____ Date _____

For any applicants under the age of 17 this waiver must also be read and signed by a parent or legal guardian.

Name of parent or guardian (please print) _____

Signature _____

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