The Brentwood Library Volunteer Application

| Name | Birth date (month/day) |
|--|----------------------------------|
| Address | |
| City | |
| Home phone | Cell phone |
| E-Mail Address | |
| Emergency contact person(s) | |
| Phone number(s) | Relationship |
| Please tell us about your work and skills you would be willing to share desktop publishing, clerical experie | e with us (computer programming, |
| Please circle the department in wh Descriptions are o | on the second page. |
| Availability (please check) Su | M T W Th F Sa |
| | W III I Sa |

Are you willing to make a time commitment of at least two hours per week over a four month period? (check one)

YES NO

Please submit your completed application at the circulation desk.

JOB DESCRIPTIONS

Children's Department Volunteer

Volunteers in the children's department assist the library staff in sorting and shelving children's items. *Qualifications:* Able to arrange items in alphabetical and numerical order; able to push, bend, and lift; attention to detail; able to work independently. *Time commitment:* One 2-hour scheduled shift per week for 4+ months.

Circulation Department Volunteer

Volunteers in the circulation department assist the library staff in shelving and shelf-reading (making sure our collection is in proper order) fiction, nonfiction, and audiovisual materials. They may be asked to help with special projects as needed. *Qualifications:* Able to arrange items in alphabetical and numerical order; able to push, bend, and lift; attention to detail; able to work independently. *Time commitment:* One 2-hour scheduled shift per week for 4+ months.

Volunteer Office Assistant

These volunteers work in the Administration Office. They answer the phones, transfer calls to the proper departments, and may help with office tasks such as stuffing envelopes, stapling, making copies, cutting bookmarks, assembling Book Club kits, etc. *Time Commitment:* One 2-hour scheduled shift per week for 4+ months. Help is needed Monday—Friday, from 9:00—3:00.

Please turn in your completed application at the circulation desk.

CITY OF BRENTWOOD PUBLIC LIBRARY VOLUNTEER PROGRAM WAIVER/RELEASE

LIABILITY RELEASE

In consideration of the acceptance of my application for the City of Brentwood Public Library Volunteer Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation as a volunteer worker with the City of Brentwood Public Library. This release is intended to discharge in advance the City of Brentwood, its officers, employees or agents from liability. It is understood that some volunteer activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

CONSENT TO TREAT

I hereby give my consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in City of Brentwood Public Library Volunteer Program. It is understood that the City of Brentwood provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel. Name of personal physician Doctor's telephone number Doctor's address **READ BEFORE SIGNING** I have read and understand the foregoing liability release form, and consent to treat form, and agree to all of their terms and conditions. Date Signature Signature Print Name Print Name **PARENTAL CONSENT** (To be completed if applicant is under 18 years of age) I give my consent for my son/daughter _ to participate as a volunteer worker, and I Name of Volunteer

execute the above liability release on his/her behalf.