

Volunteer Application

Volunteer Name (First and Last)

_____/_____/_____
Date

Address

City/State/Zip

Email Address

Primary Phone

Alternative Phone

_____/_____/_____
Date of Birth

Gender: ☐ Male ☐ Female ☐ Prefer not to say

Languages Spoken Fluently:

☐ English

☐ Spanish

☐ Other: _____

Physical Limitations

Emergency Contact Name

Phone

Have you ever been convicted of a felony charge?

☐ Yes

☐ No

If yes, when and for what offense? (A conviction will not necessarily bar you from volunteering.)

Special Skills, Talents, Training: _____

Availability

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to share information with you. Please use the check boxes to indicate what types of email you would like to receive from us.

- ☐ Electronic Newsletter - For important news and schedules
- ☐ Recruitment Appeals - Volunteer Opportunities

If under the age of 18 please have your parent/guardian fill out the following information.

_____ Full Name	_____ Relationship to volunteer
_____ Primary Phone	_____ Alternative Phone

Liability Waiver

I, the above named volunteer, understand that as a participant at the Boyce Ditto Public Library, my status with respect to the City of Mineral Wells is that of a volunteer only, and that I am not entitled to any compensation for performance of duties as a volunteer and that I am not entitled to any city employee benefits, of any kind or character, and am not covered by any Worker's Compensation program. Therefore, in consideration of being permitted to participate in the Boyce Ditto Public Library Volunteer Program, I hereby release, discharge and waive any claims or actions of any kind which may arise as a result of any injuries or damages, including but not limited to property damage, bodily injury and death, arising out of or any matter connected with my participation as a volunteer in the Boyce Ditto Public Library Volunteer Program.

- ☐ I am over the age of 18/I am under the age of 18 and I have my parent/guardian authorization and my parent/guardian has filled out the appropriate sections of this application
- ☐ I understand and agree with all terms stated in the Liability Waiver
- ☐ All information provided in this application is accurate and complete to the best of my knowledge

Signature

Date