

**PLEASE PRINT:** 

First

Name

Address \_

## **Volunteer Application**

Date
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Month / Day / Year

State

Zip

## **ABOUT THE VOLUNTEER PROGRAM:**

Middle Initial

What are the age requirements? Young adults (high school and up) and adults are eligible.

Last

**What is the time commitment?** Volunteer jobs require a <u>minimum 20 hour commitment</u>. Exceptions are school projects and special events.

**What kind of jobs are available?** Shelving books, assisting with children's programs, straightening the library and assorted other jobs.

Date of Birth

City

Contact								
	(Check	the best way to co	ontact you) 🗆 Da	aytime Phone $\square$	Evening Phone [	Email		
What hour	s are you availa	able? ( <b>Please be</b>	as specific as <sub>l</sub>	possible)				
[	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Please tell	us why you wa	nt to volunteer a	at the Library,	and where in the	Library you wou	uld like to work	::	
Are your v	olunteer hours a Yes	a requirement fo No	or a class or sc	hool?				
If	es, total hours	needed	Deadline fo	or completion				
Foi	students	Sch	001		Cur	want Crada		
		SCII	001		Cur	rent Grade		
Emergency	contact	7	Jame		Phone	<u> </u>		
				or other than mi				
	Yes	No If Yes, ple	ase list the offe	ense:				
N4 t 1   t-	(10 and a)				ما مام ماء			
Most adult	(18 and over) v	volunteer positio	ons require a ci	riminal backgrou	na cneck.			
All informa	tion above is tr	ue and accurate	. Please read a	nd sign the liabil	ity and confident	iality waiver o	n the reverse side.	
	Applicant Sig	jnature			Parent Signa	Parent Signature (if applicant is under 18 years old)		
Staff Use		niver signed	Ba	ckground chec	c complete			
					- 1			

## VOLUNTEER AGREEMENT Parental Consent / Liability / Confidentiality Waiver

_	(Parent or Guardian):			
City, Kansas Public I accidents or illnesse waive any right of a volunteer's participa	ction I have against the Kan	agree to indemnify and the second agree of action that reference of action that reference of the second agree of the sec	in the volunteer program. I ary in consideration of the and agree that the volunteer	
Adult Volunteers:			, agree to indemnify and hold	
harmless the Kansas arise for any inciden the volunteer progra in consideration of t	s City, Kansas Public Library ts, accidents or illnesses tha am. I waive any right of acti he volunteer's participation a teer will receive no compens	from any and all claims or out may occur to my child from on I have against the Kansass as a volunteer for the library	causes of action that may m his / her participation in as City, Kansas Public Library v. I further understand and	
All Volunteers:				
agree to adhere to t confidential informat volunteer. I underst and agree that I will Kansas City, Kansas	he library's policy regarding tion to the best of my abilitie tand that a breach of confide receive no compensation fo	privacy of library patrons ares and not to divulge it during entiality is grounds for dismin rany services performed by	ng or after my service as a ssal. I further understand me as a volunteer for the	
Company:	Supervisor/Phone Number:	Company Address:	Name Employed Under:	
Name:	Mailing Address:	Mailing Address:		