

**NANUET PUBLIC LIBRARY
VOLUNTEER INTEREST FORM**

Thank you for your interest in volunteering at the Nanuet Public Library (the "Library").
A Library representative will contact you with respect to the information provided below.

Name: _____ Phone #: _____

Address: _____ Library Card #: _____

E-mail address: _____

Why do you want to volunteer? _____

How many hours do you need? _____ By what date? _____

When are you available? (days & hours) _____

Are you 18 years old or older? _____ Yes _____ No

If under 18, what is your age? _____ (Signed Parental/Guardian Consent required if under 18)

References: List 2 people outside of your family. Provide Volunteer Reference Form from each.

1. _____ 2. _____

I have read and agree to the Library's Volunteer Policy. I further agree that if I (or my child or ward, if applicable) become a Volunteer of the Library, I (or my child or ward, if applicable) will be bound by the rules contained in all Library policies, guidelines, work rules and behavior codes, including, but not limited to those that relate to patron privacy and confidentiality.

APPLICANT RELEASE:

To the fullest extent permitted by law, I hereby release, discharge, indemnify, save, and hold harmless the Library and the Nanuet Union Free School District (and each municipality served by said School District), as well as each of their respective Trustees, officials, directors, officers, employees, agents, attorneys, representatives, insurers, successors and assigns, individually, collectively, and in their official capacities (collectively the "Releasees"), from and against any and all liability, losses, judgments, lawsuits, claims and demands, causes of action, costs, charges, disbursements, expenses, and/or fees (including, but not limited to attorney's fees), whether at law or in equity, arising out of or in connection with any act, error, omission, contract, tort, property damage, negligence, accident, bodily and/or personal injury, illness, death, and/or any other matter, that occurs or which may occur by virtue of or as a result of my volunteer service with the Library. I hereby waive any and all rights of action I have or may have against the Releasees, jointly and severally, in consideration for the Library allowing me to participate as a volunteer. I understand that the Library has the right to discontinue my volunteer working association with the Library at any time and for any reason whatsoever. This Release may not be changed orally and applies in all jurisdictions. This Release is binding on my heirs, executors, legal and other representatives, administrators, successors, and assigns. I have

read this entire Release, I fully understand it, I have signed it without duress or coercion, and I agree to be bound by it. I certify that I am at least 18 years old; if I am under 18 years old, then my parent or legal guardian also has signed below.

Signature of Volunteer Applicant

Date

Signature of Parent/Guardian (if volunteer is under 18)

Date