

Sallie Logan Public Library Volunteer Application

Sallie Logan Public Library
1808 Walnut St.
Murphysboro, IL 62966

Name: _____ Date: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Emergency contact name: _____ Phone: _____

Relevant physical limitations (medical conditions, allergies, etc.) _____

Education (grade level, degrees, certifications): _____

School/College/University _____

Year of graduation: _____

Area(s) of study: _____

Current employment: _____

Why do you want to volunteer?: _____

Volunteer experience: _____

Special skills: (Foreign languages, advanced computer skills, etc.): _____

Type of volunteer position you are most interested in (Check all that apply):

___ Circulation Assistant ___ Youth/Teen Program Assistant

___ Reading Partner for Children ___ Special Program Assistant

___ Other _____

Do you have library work experience?: _____

Time preferences: Please write the times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (10AM-1PM)						
Afternoon (1-5PM)						
Evening (5-8PM)					Closed	Closed

If volunteer hours have been assigned by school or other program, please indicate:

Name of school/program: _____

Number of hours required: _____ Date by which hours must be completed _____

If Volunteer is under the age of eighteen: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Signature giving permission to volunteer:

_____ Date: _____

Sallie Logan Public Library Volunteer Waiver Form Name: _____

Address: _____

RELEASE AND WAIVER OF LIABILITY I, on behalf of myself (and my minor child/children identified herein) hereby acknowledge that I am fully aware that participation in volunteer work for the Sallie Logan Public Library may include exposure to risks including, but not limited to physical strain, accidents, falls, exposure to indoor and outdoor irritants, transportation risks, illness, theft and other actions of the public. Furthermore, I do hereby expressly and specifically assume the risk of injury or harm and release the Sallie Logan Public Library from all liability for injury, illness, insult, death, property loss, or property damage resulting from my activities with the Sallie Logan Public Library, whether caused by the negligence of the Sallie Logan Public Library or its officers, directors, employees, agents, patrons or otherwise. Further, I acknowledge and represent that I have no knowledge or reason to know of any personal physical or mental limitations, conditions or other restrictions which would make any activities personally inadvisable (or inadvisable for my minor child/children). I do hereby fully release and forever discharge the Sallie Logan Public Library and each of its directors, officers, employees, agents and representatives, of and from any and all actions, suits, controversies, liabilities, claims and demands, whatsoever in law or equity, which I (and/or any minor child/children) or my (or his/her/their) executors, administrators or heirs ever had, now has or may have in the future by reason of any matter, including, but not limited to, any cause of actions that might arise out of or in connection with my (or my minor child's/children's) participation in the activities of the Sallie Logan Public Library and specifically any injury or illness that I (or my minor child/children) may suffer. I expressly waive for myself (and my minor child/children) any claim for compensation on the part of the Sallie Logan Public Library beyond what may be offered freely by authorized representatives of the library in the event of any injury or medical expense incurred by me (or my minor child/children). I do hereby release and forever discharge the Sallie Logan Public Library from any claim whatsoever which arises or may hereafter arise on account of any first aid, (Please sign on alternate side.) treatment, or service rendered in connection with my own (and/or my minor child/children's) activities with the Sallie Logan Public Library. I understand that, except as otherwise agreed to by the Sallie Logan Public Library in writing, the library does not maintain health, medical, workers' compensation, or disability insurance for any volunteer. On behalf of myself (and my minor child/children), I also convey all right, title and interest in any photographic images and video or audio recordings made by the Sallie Logan Public Library (or at the organization's direction) during my own (and my minor child/children), volunteer activities with the Sallie Logan Public Library.

Volunteer: Print Name: _____

Signature: _____ Date: _____

Parent or Guardian (if signing for volunteer under age 18):

Print Name: _____

Signature: _____ Date: _____

Address: _____

Phone: _____