SOMERSET COUNTY LIBRARY
Volunteer Application

Name: ____________________________________________

Address: ____________________________________________

Phone Number: ____________________________________________

Email: ____________________________________________

Occupation: ____________________________________________

Why do you want to volunteer at the library?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Are there any particular segments of library services that interest you more than others?

___ Children’s Services   ___ Outreach   ___ Programming

___ Teen Services   ___ Publicity/Marketing   ___ Computer Training

___ Services to Seniors   ___ Genealogy/Local history   ___ Other? (specify below)

What days and times are you generally available? ________________________________

_____________________________________________________________________________________

Have you ever been employed by the Somerset County Library? If yes, please give details of your work and the span of time.

_____________________________________________________________________________________

Do you have any relatives who work for the Somerset County Library? If so, please provide name(s) and relationship(s).

_____________________________________________________________________________________

Emergency Contact Information

Primary Contact:

Name: ____________________________________________ Relationship: ____________________
Telephone: ________________________________________

Secondary Contact:

Name: ____________________________________________ Relationship: ____________________
Telephone: ________________________________________

Liability and Confidentiality Waiver

I, ____________________________________, do hereby agree to indemnify and hold harmless the Somerset County Library from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive all right of action I have against the Somerset County Library in consideration of my participation as a volunteer.

I also understand that in my capacity as a Somerset County Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer.

Printed Name: ______________________________________________________

Signature __________________________________ Date ________________