



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?

- | | | |
|--|--|---|
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Outreach | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Teen Services | <input type="checkbox"/> Publicity/Marketing | <input type="checkbox"/> Computer Training |
| <input type="checkbox"/> Services to Seniors | <input type="checkbox"/> Genealogy/Local history | <input type="checkbox"/> 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 _____