

Columbia Library Volunteer Application

Minimum Grade Level for Participation: students currently in Grade 6

Name: _____ Date _____

Address: _____

City: _____ State _____

Telephone: _____ E-mail _____

School currently attending _____ Grade _____

Are you interested in one time/short term volunteer assignments? YES NO

Are you interested in on-going volunteering assignments? YES NO

Are you familiar with the Dewey decimal system? YES NO

Are you familiar with alphabetizing books? YES NO

I am seeking this volunteer position: (check one)

_____ to satisfy a school/class/scholarship community service requirement.

_____ to become a regular library volunteer

_____ to fulfill community service hours from a court order

AVAILABILITY – Please list at least 3 days and times you would be available to volunteer.

Library hours are - Mon – Thurs 9-8:30 Friday 9 – 5 Saturday 9-4

1. Day _____ Times _____

2. Day _____ Times _____

3. Day _____ Times _____

COLUMBIA PUBLIC LIBRARY VOLUNTEER WAIVER

As a volunteer of the Columbia Public Library, I recognize and acknowledge that there are certain risks of physical injury to volunteers participating in any library activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation.

I further agree to forever waive, release and discharge the City of Columbia and the Columbia Public Library, their officers, board members, and employees from any and all claims for injuries, damages, or loss that I may have arising out of, connected with, or in any way associated with my volunteer services.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

Name _____

Signature _____

Date _____

If volunteer (above) is under the age of 18, a parent or legal guardian must sign in the space below:

Name _____

Signature _____

Date _____