

**Clear Lake Public Library
Volunteer Application**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Are you 18 or older? _____ Yes _____ No

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____

Why do you want to volunteer at the library?

List any education, experience, skill, or special knowledge that you believe might be applicable to library work:

I certify that all information on this application is true and complete to the best of my knowledge. I understand that appointment to a volunteer position is contingent upon the background check. I understand, as a volunteer, that I must abide by Clear Lake Public Library's rules and regulations. I also understand that as a volunteer, I am not an employee of the Village of Clear Lake and am not entitled to compensation or benefits.

I release the Village Of Clear Lake, the Clear Lake Public Library and their employees, the Clear Lake Public Library Board of Trustees and their respective agents from any and all liability which may arise as a result of volunteering at Clear Lake Public Library. I waive any claim for damages to my property and assume all the risks of such participation in the volunteer duties at Clear Lake Public Library.

Signature: _____

Signature of Parent/Guardian: _____

Date: _____