



## VOLUNTEER APPLICATION FOR ADULTS

**We do not offer court-ordered volunteer hours**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address City Zip Code

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

When is the best time to call you? \_\_\_\_\_

Days/times available to volunteer \_\_\_\_\_

Days/times unavailable to volunteer \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

As a library volunteer, which activities interest you? :

- |   |   |
|---|---|
| <input type="checkbox"/> Shelving                         | <input type="checkbox"/> Data entry     |
| <input type="checkbox"/> Organizing shelves               | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Processing/labeling new material | <input type="checkbox"/> Repair         |

Anything you would prefer not to do? :

\_\_\_\_\_

Contact person in case of emergency:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## WAIVER OF LIABILITY

I hereby request permission of the City of Rogers and its' agencies (hereafter collectively referred to as "City"), to volunteer to work at and participate in the activities of the City. In consideration for such permission, I agree to follow all instructions given by any City employee; I accept full responsibility for my own personal safety; I waive any and all rights or claims against the City in the event of any accident, incident or injury; and I do hereby release any and all employees of the City, and all individual members of the City staff from any and all liability for any injury that I could or do sustain while participating in City activities or service. I understand that working with City employees while performing City functions can be unpredictable and dangerous, and I hereby assume the risks associated with undertaking those activities. In the event of an accident or injury, I authorize the City to notify \_\_\_\_\_ at the following phone number \_\_\_\_\_.

I have read the above waiver and agree to follow the instructions I am given. I understand that, in the event that I am injured, I am forfeiting any claim, including fees, costs, expenses, compensation, or any sums from any City source whatsoever, against the City or its employees or agents. I further understand that the City of Rogers and its' agencies are immune from liability and from suit for certain damages except to the extent that they may be covered by liability insurance and that no tort action shall lie against any such political subdivision because of the acts of its' agents and employees. (See A.C.A. 21-9-301 for specific information) I further understand that this Waiver shall remain valid indefinitely or until revoked by me, in writing, with at least 7 days prior notice given to the City of Rogers.

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DL OR ID #

ID VERIFIED BY \_\_\_\_\_ (Employee)