

Hamilton Public Library
201 N Pecan Street, Hamilton TX 76531
254-386-3474

www.hamilton-public-library.org

VOLUNTEER APPLICATION

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Are you at least 18 years of age? Yes No

Have you previously volunteered with the Hamilton Public Library? Yes No If yes, when? _____

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, please explain. Provide date, offense and disposition. _____

Volunteer Information

Are you volunteering with a group or organization? Yes No If yes, list group or organization: _____

Please circle the preferred days and times below:

Tuesday	10 – 2	2 – 6
Wednesday	10 – 2	2 – 6
Thursday	10 – 2	2 – 6
Friday	10 – 2	2 – 6

Other ways to support the Library with your time. Please circle all that may interest you.

Book Sales	Genealogy	Event Planning	Fundraising & Promotions
Design/Create Library Displays		Summer Reading Program	

Other – Please Explain _____

Emergency Contact Information

Please list contacts in case of emergency

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Volunteer Acknowledgement

The statements made by me in the application are true and complete to the best of my knowledge, and I understand it is subject to verification by the Hamilton Public Library. I understand that any false information, omissions of facts or misrepresentations may disqualify me from the volunteer work with the Hamilton Public Library or immediate release from volunteer work.

I understand that a criminal history check may be administered as well as verification of any information provided as a part of the volunteer process.

In the event that I am placed as a volunteer at the Hamilton Public Library, I understand that I shall be required to sign and acknowledge the Volunteer Policies & Procedures and that I will be required to comply with all of the Library's policies and regulations. I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, the Hamilton Public Library has the right to terminate my services as a volunteer at any time, with or without notice.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Hamilton Public Library Volunteer Waiver of Liability

Warning and Acknowledgement of Risks and Damages

I understand that, as a volunteer at the Hamilton Public Library, I am ineligible to receive compensation of any kind in exchange for any task performed and that the relationship is strictly voluntary for all parties involved.

I understand that there are certain inherent risks involved in volunteering at the Hamilton Public Library including, but not limited to, exposure to the general public; lifting/pushing, pulling carrying books or objects; exposure to airborne pathogens; etc.

Liability Release

I understand that by signing this Waiver of Liability that I voluntarily agree to assume the full risk of any injuries, damages, or losses of properties. I, for myself, and on behalf of my heirs, personal representatives and next of kin, hereby release, hold harmless and promise not to sue the Hamilton Public Library, all members of said organizations, their respective employees, agents, and other individuals who are associated with the volunteer program, with respect to any and all injuries, damages and losses that may arise from participation in this volunteer program. This Waiver and Release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Print volunteer name: _____ Date: _____

Signature of Volunteer: _____