

VOLUNTEER APPLICATION AND RELEASE

Please print. All information must be complete and legible.

Full Name (First, Middle, Last): _____

Date of Birth: _____

Address: _____

Telephone : _____

Email: _____

Emergency Contact (Name and Phone): _____

I have been a continuous resident of PA for the past ten years. YES NO

I do not have a conviction of an offense under PA §6344. YES NO

Waiver:

I do hereby agree to fully release, indemnify, defend, and hold harmless the McCord Memorial Public Library and any of their officials, employees, agents and the like from and against any and all liability, loss, damage, expense, or costs (including attorney's fees) arising in any way out of my volunteer activities except where such liability results from the sole negligence or willful misconduct of the McCord Memorial Public Library.

I further understand that the McCord Memorial Public Library is a smoke-free, drug-free, and alcohol-free environment, and I will not participate if under the influence of alcohol or illegal drugs.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the library will be held as strictly confidential.

I understand that the library does not provide any insurance coverage for volunteers. I also understand that I am required to obtain Child Abuse and Criminal Record clearances to perform volunteer work and must update the library immediately if anything changes the status of my clearances. I may also be required to obtain FBI clearances.

I have read this document completely and understand that certain legal rights are or may be forfeited by voluntarily signing this agreement.

Signature: _____ Date: _____