



HAPL VOLUNTEER APPLICATION

(Not for use if applying as a Friends of the Library volunteer.)

We value your willingness to volunteer your time at the Hudson Area Public Library (HAPL) and appreciate your commitment to our community. Please understand your role as a volunteer is purely by your choice, and you determine your schedule in coordination with library staff. You do not have any regular employee status. If you have any questions, please contact the Library at 715-386-3101. Your volunteer contributions help make the HAPL a great community resource. Thank you!

Please complete and sign the form. Once completed, bring it to the library. **PLEASE PRINT.** Completing this application does not guarantee a volunteer assignment.

First Name:	Last Name:
Address:	Phone:
Email Address:	Date of Birth (mm.dd.yyyy):

Availability:

- | | | | |
|------------------------------------|----------|------------|----------|
| <input type="checkbox"/> Monday | *Morning | *Afternoon | *Evening |
| <input type="checkbox"/> Tuesday | *Morning | *Afternoon | *Evening |
| <input type="checkbox"/> Wednesday | *Morning | *Afternoon | *Evening |
| <input type="checkbox"/> Thursday | *Morning | *Afternoon | *Evening |
| <input type="checkbox"/> Friday | *Morning | *Afternoon | *Evening |
| <input type="checkbox"/> Saturday | *Morning | *Afternoon | *Evening |

Volunteer Experience:
Special Interest and Skills:

Do you understand the Dewey Decimal System? *Yes *No
 Can you alphabetize / fine sort fiction? *Yes *No

Are you able to perform the functions of the library volunteer assignment for which you are applying with or without reasonable accommodation? *Yes *No

Have you ever been discharged or forced to resign from prior employment or a volunteer assignment?
 *Yes *No If yes, describe the circumstances:

--

Reference:

Name:	Relationship:
Address:	Phone:

Emergency Contact Information:

Name:
Relationship:
Phone:

HAPL VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

In consideration of my role as a HAPL volunteer and my use of equipment and facilities provided by HAPL, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that HAPL and its insurers, employees, board members, directors, and management, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of HAPL. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge HAPL, its insurers, employees, board members, directors, and management, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of HAPL equipment and facilities.

I expressly agree to indemnify and hold HAPL harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me. I agree to comply with all rules imposed by HAPL regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and appropriate manner at all times.

I understand and agree that HAPL is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises. I understand that I have agreed to this unpaid volunteer opportunity with HAPL. I also understand that if a stipend is available, by accepting said stipend, I do not have any regular employee status and I waive all rights to regular employee status while serving in this capacity. I have been advised of my right to seek legal counsel prior to signing this agreement.

I HAVE READ THE FOREGOING AGREEMENT AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

ACKNOWLEDGEMENT

By my signature, I promise that the information provided in this volunteer application is true and complete. I understand that any false or misleading information or significant omissions will disqualify me from further consideration for volunteering and may lead to my dismissal from volunteering if discovered at a later date. I agree to immediately notify HAPL if I should be convicted of a felony or any crime during my period of volunteering, if accepted. I authorize HAPL to make any investigation deemed necessary for volunteer consideration. I authorize all persons, schools, employers and law enforcement authorities to release any information concerning my background, including all information contained in this application. I hereby release any said persons, school, employers and law enforcement authorities from all liability in responding to inquiries in connection with my application.

I understand also that I am required to abide by all rules and regulations of HAPL. I also understand that I have the right to receive a copy of this acknowledgement should I request a copy.

Applicant's signature _____ Date _____

Parent/Guardian signature (required if under age 18) _____