



110 Church Street, Hackettstown, NJ 07840 908-852-4936

Volunteer Application

Thank you for considering volunteering at the Hackettstown Free Public Library. Volunteers are an essential part of our organization and the community. The Library Board of Trustees and the Library staff value the time and skills you donate to our organization. **Volunteers must be fifteen (15) years of age or older, except in special circumstances**

Please look over the descriptions of the volunteer assignments and check off any that interest you. Once you have completed the volunteer form, please either return the form to the library or email the form to info@hackettstownlibrary.org and a staff member will contact you. For more information, please contact us at 908-852-4936.

Name _____ Date _____

Address _____

Phone _____ Cell _____ E-mail _____

I am interested in helping in these areas:

- Computer work
- Craft preparation – cutting, gluing
- Displays, room decorations
- Gardening
- Helping with special events
- Library maintenance
- Straightening shelves
- Working with children

I have these skills to offer the library:

- Computer skills
- Foreign Language _____
- Knitting/Crochet
- Knowledge of a particular subject _____
- Musical/theatrical
- Paper crafts
- Playing an instrument or singing
- Prior library experience

- Publicity/marketing
- Storytelling
- Teaching experience
- Other _____

Availability

Monday (Library hours 9 am – 8 pm) _____

Tuesday (9am – 8 pm) _____

Wednesday (9am – 8 pm) _____

Thursday (9am – 8 pm) _____

Friday (9 am – 5 pm) _____

Saturday (10 am – 3 pm) _____

Are you volunteering in order to fulfill community service hours? YES / NO

Name of Organization/School _____

Number of hours needed _____

I understand that I will not be paid for my services as a volunteer and I am giving my time freely to the library.

Print Name _____

Signature _____ Date _____

For those volunteers under the age of 18

I represent that I am the parent or legal guardian of the minor child identified below, that I have read this agreement and that by signing this agreement I hereby consent and agree that both the minor child and I shall be bound by all of its terms and conditions. I understand that this consent is not revocable.

Print Name of Minor Child: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Volunteer Release & Waiver of Liability and Indemnity Agreement Volunteer States Acknowledgment

I understand that, as a volunteer, I am not an employee of the Hackettstown Free Public Library. I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under the Workers' Compensation laws of New Jersey.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in volunteer activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with volunteer activity participation, including but in no way limited to (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) illness, sickness or disease, including exposure to or infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with volunteer participation and that said list in no way limits the operation of this agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation as a volunteer with the Hackettstown Free Public Library, I, the undersigned participant, individually and on behalf of myself, my heirs, representatives, executors, administrators, and assignees, DO HEREBY RELEASE the Hackettstown Free Public Library, its officers, trustees, directors, employees, volunteers, agents, representatives and insurers as well as the Town of Hackettstown, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, liability, claims, judgments, attorney fees and/or expenses whatsoever, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Hackettstown Free Public Library or the Town of Hackettstown on account of personal injury, property damage, disability, death, illness, sickness or disease, or accident of any kind, arising out of or in any way related to my volunteer activities with the Hackettstown Free Public Library. In consideration of my participation in volunteer activities, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, liability, claims, judgments, demands, losses, suits, costs, attorney fees and/or expenses whatsoever, or of any nature whatsoever arising out of or in any way related to my participation in volunteer activities. I hereby certify that I have full knowledge of the nature and extent of the risks, inherent in participation in volunteer activities and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, disability, illness, sickness or disease including personal injury, property damage, or death, I sustain while participating in volunteer activities and that by signing this agreement I HEREBY RELEASE, WAIVE, AND COVENANT NOT TO SUE Releasees of all liability for such loss, damage, disability, illness, sickness or disease including personal injury, property damage, or death. I further certify that I am in good health and that I have no conditions or impairments

which would preclude my safe participation in volunteer activities. I certify that I am 18 years of age or older and of full capacity. I hereby further certify that I will abide by all directions and instructions of the Hackettstown Free Public Library and to exercise due care in the administration of my duties. I hereby further certify that I have never been convicted of a crime in any jurisdiction.

Print Name: _____

Signature: _____ Date: _____

For those volunteers under the age of 18

I represent that I am the parent or legal guardian of the minor child identified below, that I have read this agreement and that by signing this agreement I hereby consent and agree that both the minor child and I shall be bound by all of its terms and conditions. I understand that this consent is not revocable.

Print Name of Minor Child: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____