

Date: _____

SECTION 5 If Volunteer is younger than age 18, a Parent or Guardian must complete this section.

I, _____, as parent/guardian of _____, agree to indemnify and hold harmless the Nappanee Public Library from any and all claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteers program. I waive any right of action I have against the Nappanee Public Library in consideration of my participation as a volunteer for the Library.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____



VOLUNTEER APPLICATION

157 North Main Street, Nappanee, IN 46550

SECTION 1

Name _____
Last First Middle Initial Name preferred to be called

Address _____
Street Apt. Number

City State ZIP Code

How long have you lived at this address? _____ Date of Birth (MM/DD/YYYY) _____

Phone Number _____ Alternate Number _____ Email _____

How did you learn about volunteering at Nappanee Public Library? _____

Personal or Field Related Reference - Please name someone who is not related to you or living with you.

Name _____ Relationship _____

Phone Number _____ Email _____

Emergency Contact - Please list someone we can contact in the event of an emergency.

Name _____ Relationship _____

Phone Number _____ Alternate Phone _____

Are there any health issues which might limit your ability to volunteer or limit the types of activities that you can perform? Yes ____ No ____ If yes, please explain _____

For Office Use Only:
CS: # of hours _____ Date needed done by: _____
Employment: _____
Interview day & time: _____
First day & time: _____

