



## SOMERSET COUNTY LIBRARY Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Why do you want to volunteer at the library?

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Are there any particular segments of library services that interest you more than others?

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|--|--|---|
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Outreach                | <input type="checkbox"/> Programming            |
| <input type="checkbox"/> Teen Services       | <input type="checkbox"/> Publicity/Marketing     | <input type="checkbox"/> Computer Training      |
| <input type="checkbox"/> Services to Seniors | <input type="checkbox"/> Genealogy/Local history | <input type="checkbox"/> Other? (specify below) |

What days and times are you generally available? \_\_\_\_\_

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Have you ever been employed by the Somerset County Library? If yes, please give details of your work and the span of time.

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Do you have any relatives who work for the Somerset County Library? If so, please provide name(s) and relationship(s).

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Have you ever been convicted of a felony? \_\_\_\_\_

**Emergency Contact Information**

Primary Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Liability and Confidentiality Waiver**

I, \_\_\_\_\_, do hereby agree to indemnify and hold harmless the Somerset County Library from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive all right of action I have against the Somerset County Library in consideration of my participation as a volunteer.

I also understand that in my capacity as a Somerset County Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer.

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_