



FRIENDS OF THE PLEASANT HILL LIBRARY VOLUNTEER APPLICATION

Thank you for your interest in the Friends of the Pleasant Hill Library Volunteer Program. Your answers to the following questions will help us find the best assignment for you. A minimum of two hours per week and a six-month commitment are requested. ***All volunteers must be fully vaccinated*** Volunteer placement is determined by volunteer availability and store needs. Please fill out this form as completely as possible and return it to the Friends Book Store, 955 Contra Costa Blvd, Pleasant Hill.

Name: _____ E-Mail Address: _____
Address: _____ City _____ Zip _____
Phone (Daytime) _____ (Evenings) _____
Date of Birth if under 18 _____
Please indicate area of interest: _____

Special skills or interests you possess: _____

Are you bilingual? Yes ___ No ___ Which languages? _____

Please check the days and times you are available to volunteer:

	MON	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Mornings (11-2)							
Afternoons (2-5)							
Evenings (5-9)							

Parental Consent:

Parental/Guardian Consent Required for Volunteers Under 18 Years of Age

As parent/guardian of this minor, permission is hereby granted for him/her to participate in the volunteer program. My child needs special accommodation to participate: Yes No

If yes, please give details: _____

Parent/Guardian Name: _____

Phone (Daytime) _____ (Evening) _____

Parent/Guardian Signature _____ Date _____

Emergency Contact Information:

Emergency Contact Person: _____ Relationship _____

Phone (Days) _____ (Eves) _____

Address _____

Automobile Insurance: If applicant is volunteering for tasks, which will require the use of his/her automobile, s/he must complete the following:

Driver's License # _____ Expiration Date _____
Make of car _____ Model _____
License # _____ Insurance Co. _____
Policy # _____ Expiration Date _____

_____ I certify that I have minimum liability insurance coverage as follows:

\$15,000 for injury to, or death of, one person; \$30,000 for injury to, or death of, two (2) or more persons in one accident; \$5,000 for property damage.

Signature _____ Date _____

_____ I certify that I will not be operating a vehicle in my capacity as a volunteer

Signature _____ Date _____

VOLUNTEER WAIVER OF LIABILITY AND HOLD HARMLESS

I understand I will not be paid for my services as a volunteer. I further understand that I am not an employee or agent of FOPHL for any purpose and my volunteer services are not controlled nor mandated by FOPHL.

I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.

I understand that if I am injured in the course of the project, I am not covered by a workers' compensation program. I authorize FOPHL to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

I understand all Library users and FOPHL volunteers have a legal right to privacy. Any and all information pertaining to anyone's use of any Contra Costa County Libraries will be held as strictly confidential.

FOPHL does not allow any volunteer to achieve personal gain through the purchase of books and/or materials from FOPHL book sales with the intent of selling these items for a profit. Volunteers found participating in this type of activity will be prohibited from continuing to volunteer with FOPHL.

The undersigned (on behalf of myself and my assignees, heirs, guardians, and legal representatives) hereby agrees to fully release, indemnify, defend, hold harmless and covenant not to sue the Friends of the Pleasant Hill Library (hereinafter "FOPHL") and any of their officers, officials, employees, contractors and agents from and against any and all liability, loss, damage, injury, expense or cost (including attorney's fees) arising in any way out of my volunteer activities.

THE UNDERSIGNED HAS READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTANDS ITS CONTENTS AND IS AWARE THIS IS A RELEASE OF LIABILITY.

Volunteer

Printed Name

Date

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date

Parent or Guardian Signature

Printed Name