



Volunteer Application

(Please request the Community Service form for court ordered hours)

Date: _____

Name: _____

Home Address: _____

Email address: _____ Phone number: _____

Emergency contact name: _____ Phone: _____

Previous volunteer experience: _____

Skills, abilities, interests: _____

Physical limitations: _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours Available							

(The library is open 10am-8pm Monday-Thursday, 10am-6pm Friday, 10am-5pm Saturday, & 1pm-5pm Sunday.)

The library does not provide liability insurance coverage to non-library personnel serving as volunteers for the library. By signing below:

- 1) You acknowledge that the **Charleston Carnegie Public Library** and the City of Charleston do not provide insurance coverage for the volunteer for any loss, injuries, illness or death resulting from the volunteer's unpaid service to the library.
- 2) You agree to assume all risk of injury, illness, damage, or loss of any nature or kind, arising out of your volunteer assignments whether supervised or unsupervised service to the library. Agree to waive any and all claims against the library and city, its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the library.
- 3) You agree to follow all other volunteer and library policies if you are accepted as a library volunteer.

Signature: _____