

NEW ALBANY FLOYD COUNTY PUBLIC LIBRARY VOLUNTEER APPLICATION
(to be completed by an individual who wishes to volunteer with the Library in any capacity.)

Individuals who want to volunteer with the New Albany Floyd County Public Library (The Floyd County Library) must complete this application and submit evidence of a government-issued photo ID to the Floyd County Library. Consideration as a Floyd County Library volunteer is contingent on return of this application, clearance through the national and state Sex and Violent Offender Registries, a local background check and recommendation of approval by the Library Director or Assistant Library Director.

I. GENERAL INFORMATION

Name: _____
(last) (first) (middle)

Former or other names: _____ Preferred name: _____ Date of Birth: _____
(Month/Day/Year)

Address: _____ IN _____
(St., RR, Rd., Box, Apt.) (city) (zip)

How long have you lived at this address? _____ years Gender: Male Female Non-Binary

Telephone: _____
(home) (work) (cell) (cell phone provider)

Township of residence: _____ I wish to receive texts: Yes No

E-mail address: (please print clearly) _____

Please indicate your education, experience, talents, interests, and skills that might be related to the Library:

List previous *volunteer* experience. Identify work with youth and community groups (current or most recent experience first). You may attach additional pages.

Organization	Volunteer Role	City/State	Years
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Do you have previous Library/Museum experience as a member or volunteer? Please describe.

II. VOLUNTEER INTEREST: Why are you interested in a volunteer position with the Floyd County Library system?

Do you prefer to work directly with: ___ youth ___ adults ___ both

If you prefer to work directly with youth, what grade level(s) do you prefer? ___ Grades K-2 ___ Grades 3-6 ___ Grades 7-12 ___ Any

Are you applying to be a volunteer with a new club or project? ___ Yes ___ No

Are you applying to help with (check all that apply)

- New Albany Central Library Friends of the Library
 Cultural Arts Center Galena Digital Library Branch
 New Albany-Floyd County Library Foundation (appointed only)

IV. VERIFICATION and CONSENT FOR VOLUNTEER BACKGROUND CHECK:

NOTE: A criminal record will not necessarily disqualify an applicant; it will be considered relative to the specifics of the position.

I certify that the above information is correct. I understand background checks will be conducted. I authorize the New Albany Floyd County Public Library to conduct a search of the current national and state Sex and Violent Offender Registries and to release any information on the Registries to the Library. **I understand the misrepresentation or omission of facts requested is just cause for non-appointment (or dismissal) as a New Albany Floyd County Public Library volunteer.**

If accepted as a volunteer, I agree to respect, adhere to, and comply with the rules, policies, and guidelines established by the New Albany Floyd County Public Library including all laws related to child abuse and substance abuse.

As a volunteer, I am committing to involve individuals regardless of race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability or status as a veteran in educational experiences in cooperation with other volunteers, Library personnel and Library customers.

Applicant signature: _____ Date: _____

Parent signature if applicant is under 18) _____ Date: _____

Please return the application at your earliest convenience. Contact us if you have any questions or wish to receive further information.

It is the policy of the Floyd County Library that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability or status as a veteran. New Albany Floyd County Public Library is an Affirmative Action institution.

**New Albany-Floyd County Public Library
Volunteer Release and Waiver of Liability Form**

This Release and Waiver of Liability executed on _____ (date) by _____
(Volunteer's name) releases the New Albany-Floyd County Public Library, a nonprofit corporation organized and existing under the laws of the State of Indiana and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with New Albany-Floyd County Public Library is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that the Library will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to the New Albany-Floyd County Library.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to the New Albany-Floyd County Library. I understand and acknowledge that this Release discharges the New Albany-Floyd County Library from any liability or claim that I may have against the New Albany-Floyd County Library with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide or occurring while I am providing volunteer services.
2. Insurance: Further I understand that the New Albany-Floyd County Public Library does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of the New Albany-Floyd County Library beyond what may be offered freely by the New Albany-Floyd County Library in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge the New Albany-Floyd County Public Library from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer.
4. Photographic Release: I grant and convey to the New Albany-Floyd County Public Library all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made in connection with my providing volunteer services to the Library.
5. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and that this Release shall be governed by and interpreted in accordance with the laws of the State of Indiana. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Date

Signature (Or parent/guardian if under 18)