

## Riverfront Library VolunTeen Application Teens 12-19

Please and return to the third floor Reference Desk

Name:	Date	e:
Home Phone Number:		
Cell Phone Number:		
Email:		
School:		
Grade:		
Extra-curricular activities:		
Why are you interested in volunteering	at the library?	
School community service	-	Court Appointed
Build new skills		
Computer Skills:		
What skills do you think would be helpf	ul during your time as a Volun1	Teen?
What time during the week are you ava	ilable?	
Monday afternoon	_ Tuesday afternoon	Wednesday afternoon
Thursday afternoon	Friday Afternoon	Saturday afternoon



## VOLUNTEER WAIVER, RELEASE AND INDEMNITY

Name of Volunteer (please print):
Address:
Phone:
Volunteer Activity and Location:
I, the undersigned volunteer, desire and agree to volunteer for the Yonkers Public Library (the "Library") in the activity described above. I further understand and agree as follows: I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Library and the Library will not provide insurance coverage for me.
I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this activity.
I assume all risks of participating in this activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that the Library is not responsible for conditions that I create myself or those created by other volunteers or participants.
I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify the Library, the City of Yonkers, its officers, elected officials, employees, agents and volunteers from and against any and all loss, damage, expense or cost (including attorneys' fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of or in connection with my participation in this activity.
I hereby grant the Library permission to publish my image including any photographs or videos thereof, for the limited non-commercial use of promoting the Library on the Library's website, other social media outlets, print and television media.
I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.
Signature of Volunteer or of Parent/legal Guardian Date (if volunteer is under age 18)
Print Name: Date: