



**CITY OF KELLER
VOLUNTEER APPLICATION**

Date: _____

Name: _____

Date of Birth: _____ Email address: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Are you: Employed Retired Student Other

Have you volunteered before: _____

List any special skills, education, or training relevant to volunteering at the library:

What type of volunteer work are you interested in doing at the library:

What hours/days are you available: _____

Are you looking for short term or long term (6+ months) volunteering: _____

Emergency Contact:

Name: _____

Phone: _____



WAIVER OF LIABILITY

NOTICE: THE CITY OF KELLER DOES NOT COVER VOLUNTEERS UNDER THE CITY OF KELLER WORKERS' COMPENSATION INSURANCE.

IN CONSIDERATION OF THE CITY OF KELLER ALLOWING ME (MY CHILD/CHILDREN) TO PARTICIPATE IN THE CITY OF KELLER VOLUNTEER PROGRAM, AND BEING AWARE OF THE POSSIBLE INJURIES THAT COULD OCCUR AS A RESULT OF THAT PARTICIPATION, I ON BEHALF OF MYSELF (MY MINOR CHILD/CHILDREN) RELEASE THE CITY OF KELLER, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AGENTS, INSTRUCTORS FROM ANY AND ALL INJURIES AND DAMAGES WHATSOEVER ARISING FROM PARTICIPATION IN THE EVENT.

I, MY HEIRS AND REPRESENTATIVE, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE CITY OF KELLER, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS MADE BY ME (MY CHILD/CHILDREN) OR MY INSURER FOR INJURIES OR DAMAGES RELATED TO THIS EVENT.

I affirm that I have read the above and that the information I have given is true and complete.

Signature of Volunteer _____ Date _____

Signature of Parent (under 18) _____ Date _____