



# Youth Volunteer Application

For rising 7th-12th graders

Please confirm with your Children's Specialist which days and times you would like to volunteer.

Date: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**At which branch do you want to volunteer (Please circle)?** Camden Canton Flora Madison Ridgeland

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Your Email: \_\_\_\_\_ Parent's Email address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School in Fall: \_\_\_\_\_

Are you required to fulfill a specific number of volunteer hours? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

**List any food allergies/sensitivities you have:** \_\_\_\_\_

**Photo Release Statement:**

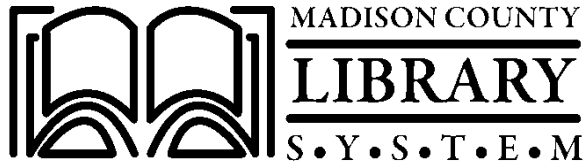
I grant to MCLS, its representatives, and employees the right to take photographs of me and my child/children in connection the above-identified subject. I authorize MCLS, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that MCLS may use such photographs of me and my child/children with or without my name and for any lawful purpose, including such purposes as publicity, advertising, and Web content. By signing this, I verify I am 18 years of age, or having a parent/guardian sign this release.

**Confidentiality Statement:**

I understand that in my capacity as a MCLS volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended. Also, by signing below, I am accepting responsibility that I will call the Children's Specialist 24 hours in advance for any shift that I have to cancel for any reason.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if volunteer is under the age of 18): \_\_\_\_\_



## Youth Volunteer Permission Slip/Release of Liability

I, \_\_\_\_\_ acknowledge that I am a volunteer for the Madison County Library System. I am volunteering my time to work in the \_\_\_\_\_ Branch of the Madison County Library System.

I acknowledge that as a volunteer I am not an employee of the Madison County Library System. As such, I am not covered by any Workman's Compensation benefits, or any insurance that would otherwise compensate an employee for work-related injuries.

As a volunteer for the Madison County Library System, I release the Madison County Library System, its Board of Trustees, and its employees from any and all claims that may arise as a result of any personal injury, property damage or loss of any kind sustained by me in connection with my volunteer work for the library system.

I further acknowledge that if I should use my own vehicle in the performance of my volunteer duties, that vehicle is not covered by any insurance in force on behalf of the Madison County Library System or any other government entity. I assume all responsibility for any damage or loss arising out of the use of my personal vehicle for volunteer work.

I also agree to indemnify and hold the Madison County Library System and any of its branches harmless from any claims, causes of action, assessments or damages arising out of the use of my vehicle while performing work for the library system. This indemnity includes any attorney fees, court costs, litigation expenses, or damage awards that might be assessed against the Madison County Library System, or any of its branches, and arising out of the use of my vehicle while doing volunteer work for the Madison County Library System.

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Signature of Volunteer

Date

**\*If the volunteer is under 18 years of age, a parent/guardian must consent by signing below.**

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Signature of Parent/Guardian

Relationship to Volunteer

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Emergency Contact Information