

Friends of the Richardson Public Library Volunteer Application

Last Name:	First Name:
Profession:	Date of Birth:
Street Address:	
City / ZIP Code:	E-Mail Address:
Home Phone:	Cell Phone:
I am seeking a volunteer position with the Friends of the Richardson Public Library to:	
<input type="checkbox"/> help with community events and activities <input type="checkbox"/> help with the Book Sale <input type="checkbox"/> serve on a committee <input type="checkbox"/> serve on the Board of Directors	
If you are interested in serving on the Friends of the Richardson Public Library Board of Directors, please provide some additional information below:	
Interests	Skills
Community involvement and professional affiliations	
Board service experiences	
Why do you feel you would be a valuable addition to the Friends of the Richardson Public Library Board of Directors?	

Have you ever been convicted of a felony or misdemeanor?

Yes No If yes, please list the charge: __

The undersigned ("Volunteer") has chosen to participate in the Richardson Public Library Volunteer Program to perform services as a volunteer for the City of Richardson Library Department. The Undersigned Volunteer agrees to allow photographs, audio and or video (s) of the Undersigned Volunteer to be used by the City of Richardson in newspaper, internet, TV, radio and social media. The Volunteer understands and agrees (1) that a criminal history background check will be conducted by the City of Richardson; (2) that participation as a volunteer may be terminated at any time by Richardson personnel; (3) that the privilege of serving as a volunteer shall be under the direction and control of Richardson personnel; (4) to strictly comply with all Richardson rules, directives and regulations, written or otherwise, including any personal direction from Richardson personnel; and (5) to serve on a voluntary basis and not as an employee, contractor, or agent of Richardson, and that such service is without benefits or compensation. By the signature below, the Volunteer acknowledges that he or she has read and understands the Library Department Rules for volunteers, and agrees to abide by them.

The Volunteer understands that the Volunteer will be covered by the City's Public Official Liability Insurance Policy while acting for or on behalf of, and at the written request and under the direction of Richardson. The Volunteer understands the nature of work to be performed as a volunteer and assumes all risk associated therewith. The Volunteer, for and on his or her behalf, and the Volunteer's heirs, executors and assigns, agrees to release, defend, indemnify and hold harmless the City of Richardson, its officers, agents and employees (collectively "Richardson") from all claims, liabilities, losses, damages, judgments, actions including reasonable attorney's fees for personal injury and property damage asserted against or incurred by Richardson arising from or caused by the negligence or willful actions or omissions by the Volunteer as a participant in the Richardson Public Library Volunteer Program.

Signature of Participant: _____ Date: _____

If participant is under age 18, parent/legal guardian must sign.

Parent/Legal Guardian Name (print): _____ Signature _____ Date: _____