



80 Washington Street, Winchester, MA 01890
781.721.7171 | www.winpublib.org

FOR OFFICE USE ONLY
Department placed _____
Starting date _____
Day _____ Time _____

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Telephone _____

Email address _____

Emergency contact _____

Telephone _____ Relation _____

I am under 18 over 18

Days you would prefer to volunteer:

M Tu W Th F

Morning Afternoons Evenings

I agree to donate approximately 2 hours a week for a minimum of 3 months.

Check box to agree

Signature _____ Date _____





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Teen volunteer consent form, release from liability & indemnity agreement

I/We, the undersigned parent(s) or guardian (s) of _____, a minor, do hereby CONSENT to his/her participation in the volunteer program sponsored and/or organized or arranged by the Winchester Public Library. I/we RELEASE and discharge the Town of Winchester and their departments, officers, employees, directors, Library Trustees, and agents (hereinafter collectively referred to as "Winchester"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian (s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the volunteer program. I/We also RELEASE and discharge Winchester from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the volunteer program. I/We furthermore agree to defend and INDEMNIFY Winchester against all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the volunteer program, and to defend and INDEMNIFY Winchester against any claim, damage, loss or expense of whatever kind or nature that Winchester may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the volunteer program.

I/We hereby authorize Winchester's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the volunteer program. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby RELEASE and discharge Winchester from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

Signature of Parent or Guardian Relationship Date

