



Volunteer Agreement

ADULT

I understand that I am a volunteer for the Jones Memorial Library. As a volunteer, I understand that I will not be compensated (financially, or in any other manner) for my volunteer time. I further understand that I am not an employee of Jones Memorial Library or the Village of Orleans and am not entitled to any benefits that are provided to employees of the Village. I further understand that should I apply for future job openings, the Library or Village is under no obligation to hire me.

I understand that my volunteer service may be terminated at any time and for any reason by myself or the library administration, with or without notice. As a library volunteer, I will try and provide a minimum of 2 weeks' notice to the library staff to end my volunteer service.

As a volunteer, I understand that I am under no obligation to perform duties that I feel may be outside the scope of my physical abilities or which I consider hazardous to my health or well-being. The Jones Memorial Library and the Village of Orleans are not responsible for any injuries I may sustain while volunteering.

As a library volunteer, I am considered a library advocate and supporter and I agree to perform my volunteer duties in a professional and credible manner and act in the best interests of the Jones Memorial Library.

MINOR

Youth, Teens, Groups (if applicable)

I understand that my Minor Child is a volunteer for the Jones Memorial Library. As a volunteer, I understand that they will not be compensated (financially, or in any other manner) for their volunteer time. I further understand that they are not an employee of the Jones Memorial Library or Village of Orleans and are not entitled to any benefits that are provided to employees of the Village. I further understand that should they apply for future job openings, the Library or Village is under no obligation to hire them.

I understand that their volunteer service may be terminated at any time and for any reason by themselves, or the library administration, with or without notice. As a library volunteer, they will try to provide a minimum of 2 weeks' notice to the library staff to end their volunteer service.

As a volunteer, I understand that they are under no obligation to perform duties that they feel may be outside the scope of their physical abilities or which they consider hazardous to their health or well-being. The Jones Memorial Library and the Village of Orleans are not responsible for any injuries that they may sustain while volunteering.



As a library volunteer, they are considered a library advocate and supporter and they agree to perform their volunteer duties in a professional and credible manner and act in the best interests of the Jones Memorial Library.

Minors' Names and Ages

Name:

Age:

Volunteer Liability Waiver

By signing the volunteer waiver, I agree to the following:

1. I release, waive, discharge, and covenant on behalf of myself and my minor children not to sue the Village of Orleans (Village), their elected and appointed officials, agents, volunteers, and employees from all liability to me, my minor children, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor children's death, whether caused by negligence or otherwise, while I, and my minor children, participate in the Jones Memorial Library Volunteer Program.
2. I further agree to defend, indemnify, and hold harmless the Library and Village and its officers, employees and agents, from and against any and all claims, suits, actions, liability judgment and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way therewith. I will pay all costs incident to any claim, including, without limitation, attorneys fees.
3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Vermont and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I grant permission for the Library to use my, or my minor children's image, filmed or photographed during volunteer activities, to promote its services and programs.
5. In case of serious injury, I give my permission for Library personnel to seek any medical treatment should it become necessary.
6. I understand and respect the privacy of the patrons of Jones Memorial Library. Any materials checked out, internet usage, etc by the patrons are considered confidential and will not be shared with anyone.

I have read and voluntarily sign this release, waiver of liability, and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.



Printed Name _____

Signature _____

Date _____