

BULVERDE/SPRING BRANCH LIBRARY

131 BULVERDE CROSSING
BULVERDE, TX 78163



Adult Volunteer Application

Date _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Cell: _____

E-mail Address: _____
Print Clearly

Physical Limitations? (List) _____

Desired Work Schedule – Day(s) _____

Education: _____

Emergency Contact Information

Name: _____ Phone: _____

Are you volunteering to fulfill a community service requirement? No Yes
(If yes please answer the following)

Who is requiring the community service? _____

Reason you were required to complete community service _____

Number of hours you have to complete _____ Deadline _____

(See reverse side)

Liability and Confidentiality Waiver

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

Yes No

If so, please list _____

I, _____, do hereby agree to indemnify and hold harmless the Bulverde/Spring Branch Library from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the Bulverde/Spring Branch Library in consideration of my participation as a volunteer for the library.

I understand that in my capacity as a library 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.

Name (printed)

Date

Signature

Some volunteer positions may require a criminal background check through the Texas Department of Public Safety. An authorization form will be required if necessary.

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For staff use only:

Date Trained:

Date begun work:
