

BULVERDE/SPRING BRANCH LIBRARY

131 BULVERDE CROSSING
BULVERDE, TX 78163



Student Volunteer Application

Students ages 14-17

Date _____

Name: _____
Last First

Address: _____
Street City Zip

Home Phone: _____ Cell: _____

E-mail Address: _____
Print Clearly

Desired Work Schedule – Day/Hours _____

Emergency Contact Information

Name: _____ Phone: _____

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 _____

Liability and Confidentiality Waiver

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. **(See reverse side)**

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Student printed name: _____

Student signature: _____

Notes: