



VOLUNTEER APPLICATION

Thank you for your interest in volunteer opportunities at the Monmouth County Library. Please complete the information below and submit your application to a Library Branch Manager for review.

VOLUNTEER INFORMATION (PLEASE PRINT CLEARLY)

Name: _____

Mailing Address: _____

Phone _____

Email: _____

Emergency Contact (Name/Phone/Email/Relationship to you):

Best time to contact you: ____ Morning ____ Afternoon ____ Evening ____ Anytime

Volunteer Age Group:

Student Volunteer (Ages 14 – 17)

Adult Volunteer (Age 18 or older)

Volunteer interests (check all that apply):

Shelving/Alphabetizing

Technology & Computers

Library Projects

Program Assistance

Administrative & Clerical

Publicity

Volunteer Availability Days, Times, and Hours:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Mornings Afternoons Evenings

1 hour/week 2-4 hours/week 4-6 hours/week Other (please explain below)

Please Tell Us About Your Experience, Skills, Talents, and Abilities:

Applicant Signature: _____ Date _____

Print Name: _____

Parent/Legal Guardian Signature (if under 18) _____ Date _____

Print Name: _____



VOLUNTEER AGREEMENT

Volunteers understand that they are expected to perform in cooperation with Monmouth County Library staff, adhere to the Volunteer Policy, and comply with the same work rules, policies, and procedures including pandemic-related self-assessment health screenings applicable to library employees.

Volunteer understands that the scope of Volunteer's relationship with the Monmouth County Library is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that the Monmouth County Library will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to the Monmouth County Library.

Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless the Monmouth County Library and its successors and assign from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to the Monmouth County Library. I understand and acknowledge that this Release discharges the Monmouth County Library from any liability or claim that I may have against the Monmouth County Library with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to the Monmouth County Library or occurring while I am providing volunteer services.

Insurance: Further I understand that the Monmouth County Library does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of the Monmouth County Library beyond what may be offered freely by the Monmouth County Library in the event of injury or medical expenses incurred by me.

Medical Treatment: I hereby Release and forever discharge the Monmouth County Library from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the Monmouth County Library.

Photographic Release: I grant and convey to the Monmouth County Library all rights, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by the Monmouth County Library in connection with my providing volunteer services to the Monmouth County Library.

As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I have read, understand, and accept the agreement and its terms and conditions

Signature: _____ Date _____

Print Name: _____

Parent/Legal Guardian Signature (if under 18) _____ Date _____

Print Name: _____

Self-assessment Health Screening

Monmouth County COVID-19 Self-Assessment Checklist		
What is your Temperature this morning?		
Do you have any of the following symptoms:		
Sore Throat	Lack of Taste or Smell	Chills
Cough	Fever	Muscle Pain
Headache	Shortness of Breath	Fatigue
Any other symptoms not listed?		
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?		
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried you may be sick with COVID-19?		
Are you awaiting results of a COVID-19 test?		
IF YOU HAVE ANY SYMPTOMS OR ANSWER "YES" TO ANY OF THE QUESTIONS, DO NOT REPORT TO WORK CALL YOUR SUPERVISOR IMMEDIATELY		