

## Student Volunteer Application

Date applying: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Grade point average: \_\_\_\_\_

Previous work or volunteer experience: (Most recent or most relevant.)

Name of employer / organization: \_\_\_\_\_

Employer / organization phone number: \_\_\_\_\_

Dates worked / volunteered: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

When are you able to volunteer? \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

What would you like to do at the library? (Check all that apply.)

\_\_\_ Shelve books: \_\_\_ Adult books \_\_\_ Children's books

\_\_\_ Shred documents, cut scrap paper, etc.

\_\_\_ Put on labels, stamps, etc.

\_\_\_ Tech processing. (Put covers on books, etc.)

\_\_\_ Anything that helps the library.

**CLEVELAND COUNTY GOVERNMENT**

**Volunteer Waiver,  
Release and Indemnity**

Name of Volunteer (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Volunteer Activity \_\_\_\_\_

Dates/Location of Volunteer Activity \_\_\_\_\_

I, the undersigned volunteer, desire and agree to volunteer for Cleveland County Government in the volunteer activity described above. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the County, and the County will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. I understand that I am not covered by the County's worker's compensation or health insurance policies and I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that the County is not responsible for conditions that I create myself or those created by other volunteers or participants; I understand that nothing about participation in this volunteer activity constitutes a waiver of Cleveland County's governmental immunity as provided under state and/or federal law.
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify Cleveland County Government, its officers, officials, employees, agents and volunteers from and against any and all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of the County or otherwise; and
5. I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with the terms and conditions set forth herein in their entirety.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (Required if volunteer is under age 18)

\_\_\_\_\_  
Date

State of North Carolina, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Name

My commission expires \_\_\_\_\_

(SEAL)