



**DES MOINES
PUBLIC LIBRARY
Volunteer Application**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail: _____

Cell Phone: _____

Home Phone: _____ **Work Phone:** _____

Available:

Mornings Afternoons Evenings
Mon Tues Wed Thr Fri Sat

Preferred Location:

Central East Forest Franklin
North South

Notes: _____

Special Skills (such as typing, word processing, etc.):

Work Experience:

References

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Information

In case of emergency, notify: _____ Phone: _____

Doctors' name: _____ Phone: _____

Iowa Sex Offender Registry Initials: _____ Date: _____

Volunteer Waiver

I, _____, state that I have volunteered my services to the Des Moines Public Library and do hereby waive any right of claim now or in the future for any injury to my person or property that may occur directly or indirectly in the performance of such services or any other services related thereto that I am requested to perform. I understand that by signing this waiver, I am assuming all liability for my person and property during the time I am performing volunteer services.

Volunteer _____ Date _____

Supervisor _____ Date _____

Applicant's Signature _____ Date _____

If under 18, signature of parent of guardian _____ Date _____