

**Mead Public Library  
Application and Waiver of Liability  
Adult Volunteers (18 and over)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Evening or Weekend \_\_\_\_\_

Please list days and times you are available to volunteer at Mead Public Library \_\_\_\_\_

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Volunteer opportunities at Mead Public Library; please indicate your preferences:

\_\_\_\_ Verifying and straightening books

\_\_\_\_ Locating reserved books/items

\_\_\_\_ Computer training

\_\_\_\_ Clerical

\_\_\_\_ Selecting books for homebound/  
nursing home customers

\_\_\_\_ Drivers for homebound/nursing home  
delivery

\_\_\_\_ Book processing/mending

\_\_\_\_ Special events

\_\_\_\_ Customer Service

\_\_\_\_ Maas Teen Learning Center monitor

A background check is required for all Mead Public Library volunteers.

**Please complete on reverse side**

**Waiver of Liability for Adults**

Volunteers increase the library’s capacity to provide service to Sheboygan area residents without great increases to expenditures. In addition to managing its expenditures in the best interest of Sheboygan residents, the library must manage its risk. As a volunteer, you agree to indemnify, defend and hold harmless and release Mead Public Library, City of Sheboygan, Mead Public Library Foundation, Inc, Friends of Mead Public Library and their elected and appointed officials, officers, employees and authorized representatives from and against any and all liability, loss, damage, expenses, costs (including attorney’s fees) arising out of or in any way attributed to the volunteer activities performed whether on or off library premises.

By signing this agreement, you acknowledge that you have read it in its entirety, have given the terms due consideration, understand the terms, and understand that you are freely and voluntarily giving up certain rights. Your signature further indicates that you acknowledge that this agreement shall be binding upon all of your successors, heirs, assigns, receivers and the like.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your signature below indicates your approval to allow Mead Public Library designee to conduct a background and/or motor vehicle records check related to your service as a library volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

**Volunteer Services Staff**

Issued by \_\_\_\_\_ Date \_\_\_\_\_

Orientation Date \_\_\_\_\_ Start Date \_\_\_\_\_

Assignment \_\_\_\_\_

Original forms are filed in the Volunteer Services office.

Please drop off this form at our first floor Customer Service desk, or mail to:

Volunteer Services  
Mead Public Library  
710 North 8 Street  
Sheboygan, WI 53081

459-3400, Ext. 3411