

Ventura County Library  
Volunteer Application

**Applicant Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

Birthdate \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

**Additional Information:**

Are you currently? Employed \_\_\_ Unemployed \_\_\_ Student \_\_\_ Retired \_\_\_

**Work Experience:**

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**Volunteer Experience:**

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**Skills:**

Bilingual? \_\_\_\_\_ Please specify language(s) \_\_\_\_\_

Hobbies, interests or skills (computer)

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**Areas of Interest:**

I am interested in volunteering because:

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**Please read and sign page two of this application**



## Volunteer Agreement and Liability Waiver

**Background Check:** For volunteers 18 years or older: I understand that a County background check will be required. (This information is confidential and will not be released to library staff. The background check process can take a few weeks. Ventura County library staff will contact you with a start date and assignment.)

**Volunteer Status:** I understand that I am not an employee of the County of Ventura in my volunteer capacity, that I will not be compensated in any form, and that I will not be covered by the County of Ventura’s workers’ compensation program should I be injured.

**Injury:** In case of serious injury, I give my permission for County of Ventura library staff to seek any emergency medical treatment should it become necessary.

**Liability Waiver:** I hereby voluntarily, execute this Liability Waiver under the following terms:

I, the Volunteer, understand that I am volunteering at my own risk, and I release and hold harmless the County of Ventura, its Board of Supervisors, agents, officials, officers, representatives, and employees (collectively “Releasees”), from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the Ventura County Library. I understand that this Liability Waiver discharges the Releasees from any liability or claim that I, the Volunteer, may have against the Releasees with respect to bodily injury, personal injury, illness, death, or property damage that may result from my volunteer service on behalf of the Ventura County Library. I also understand that the Releasees do not assume any responsibility to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, or replacement of property, in the event of injury, illness, death or property damage.

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Volunteer Signature

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Date

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Parent signature acknowledging agreement to Volunteer Agreement and Liability Waiver on behalf of minor volunteer if volunteer is under 18 years of age.

