



BETHEL PUBLIC LIBRARY

189 Greenwood Avenue, Bethel, CT 06801

203-794-8756 Fax 203-794-8761

www.bethellibrary.org

VOLUNTEER APPLICATION HOME DELIVERY OF LIBRARY MATERIALS

DATE OF APPLICATION: _____

NAME: (LAST) _____ (FIRST) _____ (INITIAL) _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

Please provide contact information for someone we may call if you cannot be reached.

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT TELEPHONE NUMBER: _____

Please tell us your schedule preference:

Weekly for regularly scheduled tasks _____ Occasionally for special projects _____

Days and times available:

Yes! I would like to sign up to be notified by email. Check all that apply.

E-mail: _____

Please note: Under the Freedom of Information Act (FOIA), if requested, the Bethel Public Library must disclose the names/email addresses that are provided for the purpose of receiving email fliers and newsletters. Information provided to receive overdue notices and hold notices via email is confidential by law and is not subject to FOIA. If you have any questions, please contact the Library Director: 203-794-8756 x6.

Children's Programs

Adult Computer Classes

Teen programs

Hold Notices

Adult Programs

Overdue Notices

Adult Book Discussions

Wowbrary – weekly email lists of new items received

**VOLUNTEER APPLICATION
HOME DELIVERY OF LIBRARY MATERIALS
LIABILITY WAIVERS**

1. WORKERS' COMPENSATION

Library volunteers who provide delivery of materials to homebound residents are not covered under the Town's Workers' Compensation policy because they do not meet the definition of employees of the Town. If injured, I will look solely to my own medical insurance or other insurance of mine to pay for the treatment of my injuries.

I understand that I am not covered by a Workers' Compensation policy while volunteering at the Bethel Public Library.

Applicant's signature: _____

2. AUTOMOBILE INSURANCE COVERAGE

Library volunteers who provide delivery of materials to homebound residents use their own personal vehicles and are required to provide proof of personal automobile insurance coverage to be attached hereto and approved by the Library Director.

I understand that the Town of Bethel's insurance does not cover me or my automobile in case of accident while delivering Bethel Public Library materials to and from homebound residents while I am volunteering at the Bethel Public Library. I also understand that my automobile insurance will be the primary liability insurance provider and the Town of Bethel's insurance provider will only provide excess coverage above and beyond my insurance policy limits.

Applicant's signature: _____

Proof of auto insurance coverage provided to Library Director _____ Yes _____ No

Library Director's Signature _____ Date _____

3. PERSONAL LIABILITY WAIVER

I have read and understand the personal liability waiver, below, and agree to the terms outlined therein.

I, for myself and for my family, heirs, assigns, successors and legal representatives, hereby waive, release and hold harmless the Town of Bethel, CT and the Bethel Public Library, their combined boards, officials, officers, representatives, employees, agents, volunteers, servants, vendors, and independent contractors from and against any and all claims, demands, losses, costs or injuries, of any kind directly or indirectly arising out of, related to, or connected with the participation by myself in the activity describe above as a volunteer for the home delivery of library materials and/or activities incidental thereto, however caused, including but not limited to the passive or active negligence of the Town of Bethel, CT and/or the Bethel Public Library, their agents and assigns.

Applicant's signature: _____ Date: _____

Endorsed by the Library Board of Directors _____ May 18, 2015