



**Camas Public Library  
Summer Reading Program  
Volunteer Application**

Name: \_\_\_\_\_  
(first) (middle) (last)

Alias/Maiden Name(s), if applicable: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you at least 18 years of age? (circle) Yes No

**Fill out this section only if you are under 18.**

How do you plan on getting to the library for your shifts? (circle) my car my parents  
the bus other \_\_\_\_\_

**Fill out this section only if you are 18 or older.** This info required for the mandatory background check, as you will be working around children.

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

As a volunteer for the City of Camas, I will use all provided equipment appropriately and follow all safety practices. I am aware that the work associated with being a City volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of being given the opportunity to participate in the City's volunteer program, I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in the program, and I further hold harmless the City of Camas, it's officials, employees, and agents for any injury or damages which may occur to me while I am participating in this program, and I waive my right to bring claim or lawsuit against them for any such injury, damage, or death. Furthermore, I agree to hold harmless, defend and indemnify the City of Camas, it's officials, employees and agents from any and all claims and lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the volunteer program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. I agree to be the party responsible for all medical expenses which are incurred in my behalf.

I also give the library permission to take pictures of me participating in library events. These photos may be used for publicity, which may include the library's website.

Signature: \_\_\_\_\_

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