



(860) 889-2365 | OtisLibraryNorwich.org
261 Main St. Norwich, CT 06360

APPLICATION FOR ADULT VOLUNTEERS

Please Note: All adult volunteers must have a background check before they begin volunteering. Please complete the background check request attached to this application. Otis Library does not accept court mandated community service. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Personal Information

Name: _____
Last First Middle

Initial Address: _____

Phone: _____ Email: _____

Otis Library has an email newsletter! Mark the ones you would like to receive:

☐ Events ☐ News ☐ Books & More ☐ Birthday Message (Month/Day __/__)

Availability

During which hours are you available to volunteer?

☐ Weekday Mornings ☐ Weekday afternoons ☐ Weekday Evenings ☐ Saturdays

Volunteer Information

Do you or have you ever volunteered for any other organization? Yes No

If yes, where? _____

Please describe your responsibilities: _____

Last Name

First Name

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Photo Permission

As a volunteer, you may be working during events that are photographed for the library's publicity. We ask that each volunteer also sign a *Photograph, Video, and/or Sound Recording Authorization and Release Form* (attached) in anticipation of these moments. Please sign and return with your application.

Emergency Contact Information Person to contact in case of emergency:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Agreement & Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Applicant

Date



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PHOTOGRAPH, VIDEO AND/OR SOUND RECORDING AUTHORIZATION AND RELEASE

I, _____, hereby grant Otis Library, its legal representatives, agents, successors or assigns permission to use my likeness in photographs, videos and/or sound recordings, or any part thereof in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Otis Library and will not be returned.

I hereby irrevocably authorize Otis Library to edit, alter, copy, exhibit, publish or distribute the photographs, videos and/or sound recordings for purposes of publicizing Otis Library programs or for any lawful purposes. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of photographs, videos and/or sound recordings.

I hereby hold harmless and release and forever discharge Otis Library, its legal representatives, agents, or assigns, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

(Signature)

(Date)

(Printed Name)

If the person signing is under age 18, authorization must be provided by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person

(Parent/Guardian's Signature)

(Date)



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AUTHORIZATION TO CONDUCT BACKGROUND CHECK

By signing below, I hereby voluntarily authorize Oti Library, its agents, officers and employees, to conduct a background check, including obtaining any criminal records and credit information, and to consider the information provided by the background check when making decisions regarding my volunteering at Oti Library.

I understand that any offer of volunteering made to me, whether pending or accepted, is contingent on the successful completion of this background check. I release Oti Library and its subsidiaries, affiliates and representatives and the providers of such information from any and all liability for damage of whatever kind which may at any time result to me, my heirs or assigns, because of compliance with this authorization, the conduct of this investigation and release of information or any attempt to comply with it.

Name: _____
Last First Middle Initial

Date of Birth: ____/____/____

List any alias or maiden names and dates of births used:

Signature: _____ Date: _____