



Madison County LIBRARY SYSTEM

Knowledge • Community • Imagination

The Board of Trustees of the Madison County Library System encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Volunteers age 12-17 will be assigned to the Children's or Teen Department for special assignments.

Thank you for your interest in assisting the library.

Name: _____	<div style="border: 1px solid black; padding: 5px;">Under 18? Yes _____ No _____</div>
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ E-mail: _____	
Employer: _____ Position: _____	

Any special talents or skills you have that you feel would benefit the library:

Although training will be provided, please list any other organizations you have served:

Date (Year)	Organization	Supervisor	Contact Information

Depending on the time of year, various volunteer opportunities exist in the library. Please check the possibilities that interest you:

- Circulation** (Shelving materials, shelf-reading, other special projects)
- Youth/Teen Services** (Teen Advisory Committee, weekly shelvers, photocopying, shelf-reading, Summer Reading Program, craft preparation, etc.)
- Programming** (assist with various one-time library programs/events, movie monitor)

Please indicate the branch where you would like to volunteer:

_____Camden _____Canton _____Flora _____Madison _____Ridgeland

Please indicate the days you are available:

Monday Tuesday Wednesday Thursday Friday Saturday

Times: From _____ To _____

Any physical limitations or allergies? _____

In case of emergency contact: _____ Phone # _____

Have you ever been convicted of a felony or a crime involving a minor? _____

If yes, please explain:

Release of Liability Statements

As a volunteer I agree to abide by library policies and procedures and acknowledge I am not an employee of the Madison County Library System. All work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward, including any Workman's Compensation benefits, or any insurance that would otherwise compensate an employee for work-related injuries.

I understand I will be volunteering at my own risk and I release the Madison County Library System, its Board of Trustees, and its employees from any and all claims that may arise as a result of any personal injury, property damage, or loss of any kind sustained by me in connection with my volunteer work for the library system.

I further acknowledge that if I should use my own vehicle in the performance of my volunteer duties, that vehicle is not covered by any insurance in force on behalf of the Madison County Library System or any other government entity. I assume all responsibility for any damage or loss arising out of the use of my personal vehicle for volunteer work.

I also agree to indemnify and hold the Madison County Library System and any of its branches harmless from any claims, causes of action, assessments, or damages arising out of the use of my vehicle while performing work for the library system. This indemnity includes any attorney fees, court costs, litigation expenses, or damage awards that might be assessed against the Madison County Library System, or any of its branches, and arising out of the use of my vehicle while doing volunteer work for the Madison County Library System.

Photo Release Statement:

I grant to MCLS, its representatives, and employees the right to take photographs of me. I authorize MCLS, its assignees and transferees to copyright, use, and publish the same in print and/or electronically. I agree that MCLS may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, advertising, and Web content.

Confidentiality Statement:

I understand that in my capacity as a MCLS volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Signature: _____ Date: _____

For Staff Use Only: Date received: _____ Date processed: _____ Action Taken: _____ Initials: _____

Madison County Library System

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