

Receipt of Volunteer Application.

At (Branch): _____

By (Staff initials): _____

Vol. Type: GoPo / TAB / VolunTEEN / NHS / Other

Date accepted: _____

Date sent to Volunteer Coordinator: _____



LINCOLN
City Libraries

MINOR Volunteer Application

Processing of Application.

Date received: _____

Date sent to HR: _____

Date entered in Volgistics: _____

Date approved / denied: _____

Date email sent to branch: _____

Volunteer Information

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Email: _____

Cell phone: _____ Other phone: _____

At which library do you want to volunteer: _____

Have you contacted that library to confirm there is a volunteer spot for you? ____YES ____NO

Are you volunteering as a requirement for a class or organization? ____YES ____NO

If YES, for what? _____ How many volunteer hours do you need? _____ By what date? _____

Are you 18 years of age or younger? ____YES ____NO If NO, please obtain an ADULT Volunteer Application.

Emergency Contact Information

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Email: _____

Phone: _____ Relationship: _____

Certification

I certify that all statements in this application are true. I also agree that if I am accepted as a volunteer, I will do my best to abide by all policies and ordinances of the City of Lincoln, as well as procedures and policies of Lincoln City Libraries and/or the *Foundation for Lincoln City Libraries*.

WAIVER AND RELEASE OF ALL CLAIMS FOR CITY OF LINCOLN VOLUNTEERS WHO ARE MINORS (Age 18 and under)

Please read this form carefully and be aware that in volunteering, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain that arise out of this participation.

As the parent/guardian of the volunteer in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this volunteer activity.

I agree to waive and relinquish all claims I or my minor child/ward may have against the City of Lincoln and their officials, officers, agents, other volunteers and employees as a result of participating in this volunteer program.

I do hereby fully release and discharge the City of Lincoln, their officials, officers, agents, other volunteers and employees from any and all claims for injuries, damage or loss which I may have or which may accrue to me or my minor child/ward on account of participation in this program.

I have read and understand the above Waiver and Release of All Claims.

Minor Child/Ward: _____
Printed Name Signature Date

Parent/Guardian: _____
Printed Name Signature Date



CONSENT AND WAIVER AND RELEASE FORM

PHOTOGRAPHS/RECORDED IMAGES/VOICES

GRANTED TO: City of Lincoln, its employees, assigns, agents, (collectively "City")

I, the undersigned, hereby authorize and grant the City of Lincoln, including its assigns and agents, the absolute and irrevocable right, now and in the future, without obtaining further consent or without prior knowledge, to do the following:

- Create, obtain, copy, and use my image, photograph, voice, videos, or likeness, or my name, statements, stories, oral or written comments, or personal history, all hereinafter referred to as "Recordings" for the purpose of advertising, promotion, education, or public information related to the services provided by the City.
- Use, re-use, publish, distribute, copy, exhibit, edit, alter, broadcast, or transmit now and in the future the Recordings either in whole or in part, individually or in connection with other material, in any and all media and social media, whether now existing or not yet created, and in all manners including but not limited to presentations, newsletters, training, displays, brochures, and other materials, the internet and web pages, without restriction as to alteration; and to use my name in connection with any Recordings if the City so chooses.
- I understand that I am to receive no compensation or consideration of any kind as a result of any use or reuse of any Recordings thereof and waive all rights to any proceeds or other benefits derived from any Recordings.
- I understand that the Recordings may be altered or edited for publication or distribution.
- I hereby waive any inspection or approval of the finished product or copy of the Recordings.
- If applicable, I understand that any personal health information or personally identifiable information released via the media platforms described above may be subject to re-disclosure by such platforms and may no longer be protected by Federal and State privacy laws.
- I further understand that this consent and release form is voluntary, and I may refuse to sign this form. My refusal to sign will not affect my eligibility for benefits or services.
- This consent and release form is effective on the date stated below and shall remain in effect for an indefinite period of time. A photocopy of this form is valid and should be given the same force and effect as the original.
- I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees from any and all actions, claims, demands, and

causes of action which I, my heirs, representatives, administrators, or any other persons acting on my behalf may have in connection with the Recordings including claims based on invasion of privacy, defamation, false endorsement, claim of visual or audio alteration, faulty reproduction, or violation of any personal or proprietary right.

The City, including its assigns and agents, shall own all right, title and interest to the Recordings.

I am 19 years of age and have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it, and I understand its contents.

Signature

Date

Printed Name

Witness Signature

RELEASE TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN IF UNDER 19 YEARS OF AGE OR IF 19 AND OVER AND HAS A LEGAL GUARDIAN

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.
I have read this consent and release prior to signing it, and I understand its contents.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Relationship to Minor

Witness to Parent's or Guardian's signature