



Rancho Cucamonga Library Services

ADULT VOLUNTEER APPLICATION

Thank you for your interest in volunteering time to assist in the overall operation of your library. Fill in this form completely, including the waiver on the reverse side. ***The library cannot accept court referrals.**
****Note: All Volunteers age 18 and over must be fingerprinted according to California state law.**

DATE: _____

NAME: _____
(Please Print) Last First

ADDRESS: _____
 Number & Street Name Apt. # City Zip Code

HOME PHONE: _____ OTHER PHONE: _____

EMAIL: _____

Please mark positions in which you are interested
(*Note minimum age requirements for volunteering*)

___ Literacy Tutor: at the Archibald Library, tutoring adults (18)

___ Reading Enrichment Tutor: Tutoring children at both libraries (16)

___ Housecalls: at the Archibald Library, delivering books to homebound patrons (18)

___ Picture Book Shelving: at both libraries (14)

*Please note whether you wish to volunteer at the Archibald or Biane Library _____

(Over, please)

City of Rancho Cucamonga
Volunteer Services Agreement
Release of Liability and Assumption of Risk

I, _____, hereby acknowledge that I have voluntarily applied to participate in performing _____ services for the City of Rancho Cucamonga. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I understand that the City's policy is to cover volunteers as employees of the City for purposes of Worker' Compensation benefits. I also understand that under Workers' Compensation laws and Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers' Compensation benefits, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Rancho Cucamonga, its officials, officers, employees, or agents for injury, illness or damage resulting from negligence, howsoever caused, by any official, officer, employee, or agent of the City of Rancho Cucamonga as a result of my participation in the volunteer activity or service. In addition, I hereby release and discharge the City of Rancho Cucamonga, its officials, officers, employees and agents from all actions, claims, demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Date: _____

Signature

Print Name