



City of Camarillo Public Library

2018 Camarillo Public Library Summer Reading Program (SRP)

Teen Volunteer Application

(Applicant must be 13-18 years of age)

Today's Date: _____

Name: _____

Street Address: _____

City: _____ Zip: _____

Cell Phone: _____

Home Phone (optional): _____

Email: _____

Birthdate: _____

School (2018-19): _____

I have read, understand, and agree to abide by the 2018 SRP Teen Volunteer Agreement. I understand that if I fail to adhere to the expectations in the agreement, I will be dismissed from the program for the rest of the summer.

Teen Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

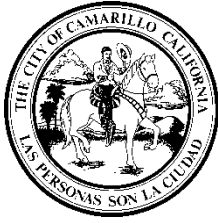
Phone: _____ Email: _____

Mail or bring original applications (no emailed pdfs or electronic signatures) to:

Volunteer Coordinator
Camarillo Public Library
4101 Las Posas Road
Camarillo, CA 93010

**BE SURE TO INCLUDE THE
LIABILITY WAIVER**

QUESTIONS? CONTACT US AT VOLUNTEER@CAMARILLOLIBRARY.ORG OR 805-383-5583



City of Camarillo

Department of Administrative Services • Risk Management • (805) 383-5633

601 Carmen Drive • PO Box 248 • Camarillo, CA 93011-0248 • FAX (805) 388-5318

VOLUNTEER LIABILITY WAIVER

In consideration of being permitted to participate in the City of Camarillo Public Library volunteer program ("Program") and all activities associated with such participation, I agree, on behalf of myself and my minor child (if any) to the following:

1. I agree and represent that I have inspected, or immediately upon entering the public property will inspect, the premises and facilities. My, and my child's, entry onto the public property for all purposes associated with the Program including, without limitation, participation or use of any facilities or equipment, constitutes an acknowledgment that such premises and all facilities and equipment were inspected and that I find and accept them as being safe and reasonably suited for the purposes of my participation in this Program.
2. I release, waive, discharge, and covenant on behalf of myself, my minor child (if any), heirs, executors, and administrators and for all of my family members, not to sue the City of Camarillo and Library Systems & Services, LLC, their elected and appointed officials, agents, volunteers, and employees ("Releasees") from all liability to me, or my child, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my child's, death, whether caused by Releasees' negligence or otherwise, while I, and my child, participate in the Program.
3. I agree to indemnify and hold the Releasees harmless from and against any and all claims arising from my, or my child's, participation in the Program, whether caused by Releasees' negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorneys' fees.
4. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion is held invalid, it is agreed that the balance will, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this Volunteer Liability Waiver, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature: _____

Date: _____

Printed Name: _____

Are you 18 or older? _____

Address: _____

Phone #: _____

If signing on behalf of a minor:

Child's Name: _____

Date of Birth: _____

PLEASE NOTE: The City of Camarillo strongly recommends that each volunteer participant have some type of accident medical insurance for his/her own protection. The City of Camarillo does provide Workers' Compensation coverage for selective City volunteers, pursuant to Resolution 96-62 adopted on April 24, 1996 and the provisions of Section 3363.5 of the Labor Code, during the time the person actually performs volunteer services on behalf of the City of Camarillo.