

CHINESE NEW YEAR SPECIAL EVENT VOLUNTEER APPLICATION  
CAMARILLO PUBLIC LIBRARY

Saturday, February 24 11 am to 4 pm

**Return by January 27, 2018. Faxed or emailed applications will not be accepted.**

Camarillo Public Library  
4101 Las Posas Road  
Camarillo, CA 93010

Kay Wolverton Ito, Volunteer Coordinator  
volunteer@camarillolibrary.org  
805-383-5583

*This information is confidential and for library use only.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work Age:  13-17\*  18 & up

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

First and Last name of emergency contact \_\_\_\_\_

Phone of contact (\_\_\_\_) \_\_\_\_\_ Relationship to volunteer \_\_\_\_\_

T-shirt Size (men's sizes only)  Small  Medium  Large  X Large  XX Large

Shift availability (mark **all** that apply):

Setup 9-10:30am  10:30am-12:30pm  12:30-2:30pm  2:30-4:00pm  Cleanup 4:00-5:00pm

Do you have an assignment already? Explain: \_\_\_\_\_

**\*Youth Volunteers 13-17 years old – Please answer the following questions:**

School attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent's email address \_\_\_\_\_

Parent's Preferred Phone number: (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work

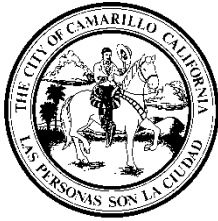
Will you need a letter of confirmation of hours served?  Yes  No  Not sure

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian if volunteer is a minor \_\_\_\_\_

Check here if you do NOT wish to allow the library to use photographs and/or video of you in publications, news releases, online, and in other communications related to the mission of the Camarillo Public Library.

**PLEASE COMPLETE VOLUNTEER LIABILITY WAIVER ON REVERSE SIDE**



# 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.