

**WESTCHESTER PUBLIC LIBRARY**

**VOLUNTEER WAIVER**

I have offered my services as a volunteer to help Westchester Public Library in the following areas:

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I agree to abide by all relevant library and policies and administrative guidelines while on duty for the library and to attend training and loss prevention seminars as the same are scheduled from time to time for volunteers. In understand that:

- As a volunteer, I am not entitled to any benefits provided to employees;
- The Library's insurance policy will apply to liability claims that may be made against me for alleged acts while I was acting in the capacity of a Library volunteer;
- the Library's Worker's Compensation policy will be responsible for medical costs if I am injured while acting in the capacity of a Library volunteer but that said insurance will not cover any loss of income of any type nor any disability or impairment claim that I may have;
- by my execution of this Waiver, I am releasing the Library from any claims I may have for loss of income or disability on account of my activities as a Library volunteer;
- for the protection of the children who use its facilities, the Library will perform a criminal history check on approved volunteers.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Volunteer's Date of Birth

\_\_\_\_\_  
Volunteer's Staff Supervisor (signature)

\_\_\_\_\_  
Volunteer's Social Security #

\_\_\_\_\_  
Library Director