



**CITY OF MONTAGUE  
VOLUNTEER PARTICIPATION AGREEMENT  
AND WAIVER OF LIABILITY**

I, \_\_\_\_\_, choose to volunteer for the City of Montague ("City") and understand that I am neither a City employee nor will I receive any compensation.

I understand that as a volunteer for the City, I will assist City staff. My volunteer duties have been explained to me, and I acknowledge that I am able to perform those activities, which may require some physical effort such as bending, lifting, walking, kneeling, etc. and that I am in good health and able to perform these activities.

I further understand that the volunteer activities I will perform may contain certain inherent dangers and risk of injury or death and that by initialing below, I acknowledge that I freely and voluntarily choose to accept all such risks as a volunteer for the City.

In consideration of the City accepting my participation as a volunteer, I agree on behalf of myself, my heirs, executors, administrators and assigns, to hold the City, its officers, agents, representatives, and employees harmless from injuries or damages that may occur to my person and/or property while participating as a City volunteer, even if the injury or damage results from the negligence of the City and/or its officers, agents, representatives, or employees. Further, I waive, release, discharge, and agree not to sue the City and/or its officers, agents, representatives, and employees for any personal injury, including death, and/or property damage that I may incur as a volunteer. I understand that if I act outside my scope or authority as a City volunteer, I could be subject to a lawsuit against me for which the City will not defend and understand that I could be subject to various penalties, including imprisonment, if subject to a lawsuit.

**I have carefully read this release and fully understand its contents. I understand that this is a release of all liability. I am aware that by signing this release I am giving up important legal rights. I have signed this release freely and voluntarily.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age

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

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

\_\_\_\_\_  
Parent/Guardian Signature (if  
volunteer is under 18 years of age)



## ***VOLUNTEER LIBRARY APPLICATION***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a driver's license? Yes / No \_\_\_\_\_ CDL# \_\_\_\_\_

*Have you ever been convicted of a violation or attempted violation of Section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant to Section 290 of the Penal Code? \_\_\_ Yes \_\_\_ No*

*How did you become interested in the volunteer program?*

\_\_\_\_\_  
\_\_\_\_\_

*Previous Volunteer Experience:* \_\_\_\_\_

\_\_\_\_\_

***Applicant's signature:***

DATE: \_\_\_\_\_