

Homebound Delivery Volunteer Application

Thank you for your interest in becoming a Homebound Delivery Volunteer. Please complete this application and submit in person or via email. We will do a background check and contact you to arrange times for pickup and delivery to homebound patrons. Please direct any questions or return application to:

volunteer@midlibrary.org or call 827-7404

Name: _____

Address: _____

Phone: _____

Email: _____

Volunteer Application Agreement:

I certify all information shared in this application to be true and complete. By submitting this form, I authorize Middleton Public Library to do a background check through the City of Middleton Police Department. I understand there is no compensation for volunteer services and transportation costs including insurance are NOT the responsibility of Middleton Public Library.

Signature of Volunteer: _____

Print Name: _____

Date: _____

City of Middleton
Authorization for Release of Information



(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of City of Middleton or other authorized representative bearing this release to obtain information and records pertaining to me from any or all of the following sources:

1. Any place of business (for purposes of obtaining credit or employment date)
2. Credit rating bureaus of institutions maintaining individual credit rating files
3. Any previous employer
4. Present employer
5. Any school, college, university or other educational institution
6. Any police or government agency for purposes of obtaining driver's license records and any criminal violations on record
7. Any military records

I hereby release any individual or institution, including its officers, employees, or related personnel, both individual and collectively, from any or all liability for damages of whatever kind, which may any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Exceptions to this blanket authorization:

1. _____
2. _____
3. _____

Today's Date

Print Name (First, Middle, Last)

Date of Birth

Signature

Driver's License #/State

Address (Street and Number)

Social Security #

City State Zip

Race/Ethnic Group

Sex (Male/Female)

**CITY OF MIDDLETON VOLUNTEER
RELEASE OF LIABILITY AGREEMENT
IMPORTANT LEGAL RIGHTS! READ CAREFULLY!**

I, the undersigned wish to volunteer at the Middleton Public Library. I offer my services as a use of my own free time for the betterment of my community. I hereby recognize that the City of Middleton, in order to provide this volunteer opportunity, cannot afford to accept the cost of potential liability for injuries, illness, death or damage of property that a volunteer participant may suffer. Therefore, in exchange for being allowed to participate as a volunteer, I hereby release and forever discharge the City of Middleton, its employees, and officers of and from any and every claim, demand, action or right of action arising from or by reason of any personal injuries, illness, death or property damage suffered as a result of my participation as a volunteer for the City of Middleton at the Middleton Public Library.

This release applies to all causes, of injury, illness, death or property damage, including the negligent actions of the City of Middleton, its employees, officers or agents, or the negligent actions of other volunteer participants. This release shall not, however, apply to injuries, damage or death caused by the reckless or intentional conduct of the City of Middleton, its employees, officers or agents.

While the City of Middleton may employ reasonable steps to minimize the risk of injury to participants, risks cannot be eliminated, nor can the City of Middleton guarantee such precautions will always be followed. I understand that volunteering for the Middleton Public Library includes, but may not be limited to the following activities and risks:

- Standing for long periods of time
- Lifting, pushing, or pulling
- Injury caused by another volunteer or participant
- Using faulty equipment
- Any other injury that may occur in the course of volunteering at the Middleton Public Library

I further state that I have carefully read the forgoing release, and have A COMPLETE UNDERSTANDING of the contents thereof and sign this release of liability agreement by my own free will.

Signature of Volunteer

Date: _____

Print Name

PARENTAL CONSENT

(Required for Volunteers under Age 18)

I, _____, the (parent/legal guardian) of the above Volunteer, a minor, hereby agree to bind myself and the minor volunteer to the terms of this release. I further state that I have carefully read the forgoing release of liability agreement and have A COMPLETE UNDERSTANDING of the contents thereof and sign this release of liability agreement by my own free will.

Signature of Parent/Guardian

Date: _____

Print Name