



Friends of the Library Intake Form

PART I: PERSONAL INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS		CITY	ZIP CODE
PHONE		EMAIL	
DATE OF BIRTH (MONTH / DAY)	AGE (IF UNDER AGE 18, A PARENT OR GUARDIAN MUST SIGN THIS APPLICATION)		
	<input type="checkbox"/> 18 OR OLDER	<input type="checkbox"/> 14 - 17	<input type="checkbox"/> 13 OR YOUNGER
EMERGENCY CONTACT NAME		PHONE	RELATIONSHIP

ACKNOWLEDGMENT, WORKERS' COMPENSATION, AND HOLD HARMLESS AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING.

I understand that nothing contained in this application is intended to create a contract for the providing of any benefit or to obligate the County of Fresno or the Fresno County Public Library in any way. If a volunteer position is established, I understand that I have the right to terminate my volunteer position for any reason at any time and the Fresno County Public Library retains the same right. No promises, statements, or representatives are binding on the County of Fresno or the Fresno County Public Library.

In consideration of the County of Fresno authorizing me/my minor child to participate as a volunteer for the Fresno County Public Library, I understand that I/my child am covered under the County of Fresno's workers' compensation insurance plan for medical treatment of injuries sustained while performing assigned volunteer duties. I hereby agree that workers' compensation is my exclusive remedy and that I will indemnify and hold harmless the County of Fresno and its officers, employees and agents from any other losses, liabilities, damages, costs, actions, claims, or demands of any kind whatsoever which may arise or be in connection with my/my child's voluntary participation with the Fresno County Public Library.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF UNDER AGE 18)

DATE

PARENT/GUARDIAN PRINTED NAME

PHOTO/VIDEO RELEASE AGREEMENT

PLEASE CHECK AN OPTION BELOW.

I hereby grant to the Fresno County Public Library the irrevocable and unrestricted right to use and publish videos and/or photographs of me/my child, or in which I/my child may be included in connection with volunteering, for library publications, electronic reproductions (web sites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction, and to copyright the same. **Names will not be used in any promotional materials.** I hereby release the photographer/videographer and the Fresno County Public Library from all claims and liability relating to said photographs and/or videos.

APPLICANT SIGNATURE

DATE

DATE

DATE

