



Waiver of Liability for Adults

Volunteers increase the library's capacity to provide service to Lone Cone area residents without great increases to expenditures. In addition to managing its expenditures in the best interest of the Lone Cone Library residents, the library must manage its risk. As a volunteer, you agree to indemnify, defend, and hold harmless, and release Lone Cone Library (aka Norwood Public Library), Town of Norwood, Lone Cone Library District and their elected and appointed officials, officers, employees and authorized representative from and against all liability, loss, damage, expenses, costs (including attorney fees) arising out of or in any way attributed to the volunteer activities performed whether on or off library premises, including negligence. Any controversy, or claim arising out of or relating to this agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Arbitration Rules, and judgment on the award, rendered by the arbitrator (s) may be entered in any court having jurisdiction thereof.

By signing this agreement, you acknowledge that you have read it in its entirety, have given the terms due consideration, understand the terms, and understand that you are freely and voluntarily giving up certain rights for yourself Your signature further indicates that you acknowledge that this agreement shall be binding upon all your minor child volunteers, successors, heirs, assigns, receivers, and the like.

All volunteer service hours must be completed with Director or regular employee supervision. Necessary documents or paperwork must be provided at the beginning of service and is the responsibility of the volunteer.

Printed Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

All court required community service hours must be completed during normal library operating hours (Monday Thru Friday 10am-5pm with extended hours on Tuesday 10am-7pm Saturday 11am-4pm) with Director or regular employee supervision. Necessary court documents or paperwork must be provided at the beginning of service and is the responsibility of the court ordered volunteer.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Volunteer Conduct Agreement

## Lone Cone Library

Box 127 - 1455 Pinion Street Norwood CO 81423

970-327-4833

staff@loneconelibrary.org

As a volunteer I agree to the following:

- To arrive at or before the agreed-upon time for my scheduled tasks. If I am unable to make it on time, I will inform the relevant staff ahead of time.
- I will dress appropriately for the task(s) I am performing, including weather appropriate attire.
- I will maintain a professional and respectful demeanor, showing consideration for both staff members and patrons
- I will be mindful of the library's time and resources
- I will return all keys/materials that were borrowed to me to perform tasks
- I agree to inform appropriate staff of all contact information changes/updates

Print Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

# Volunteer Policy Statement of Confidentiality of Library Records

## Lone Cone Library

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The Lone Cone Library District recognizes the responsibility of protecting the privacy and confidentiality of library users. This confidentiality extends to information sought or received including:

- Library materials consulted or borrowed
- Database search records
- Reference interviews
- Inter-library loan records
- Circulation records
- Registration records and all other personally identifiable uses of library materials, facilities or services

**SUCH INFORMATION MAY NOT BE DISCLOSED**

Volunteer Declaration:

- As a volunteer I have read and understood the above declaration on confidentiality and agree to work within these arrangements
- I will maintain the confidentiality of the patrons and service users personal, sensitive, or confidential information
- I will only discuss these details with other volunteers or staff members if it is appropriate or necessary to fulfill my role as a volunteer
- I will not mention the names or other details of patrons and service users in any conversation with people outside of the organization

Print Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

(Only use form if needed)

Volunteer Form - Disclosure and Authorization for Consumer and/or  
Investigative Consumer Report

Lone Cone Library

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I authorize Lone Cone Library District to conduct a criminal background investigation as part of its volunteer screening and/or selection process and if I do volunteer, throughout my service as permitted by law.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to organizations, federal, state, or county level agencies, insurance sources, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that following my volunteer term should any statements or answers be found to be false or information has been omitted, such false statements or omissions will be just cause for termination of my volunteer term.

I further acknowledge that the facsimile (FAX) or photocopy of the document shall be valid and accepted with the same authority as the original. If retained by the above referenced organization this authorization will remain in effect throughout my volunteer term.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

SSN: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Any other or former names in the last 7 years: \_\_\_\_\_

\_\_\_\_\_