

## Teen Leadership Council Application Form



Contact Information	
Name	
Street Address	
City, ST ZIP Code	
Home Phone	
E-Mail Address	
Date of Birth	
Grade	
Parent/Guardian Signature (if under 18)	

### Availability

Teen Leadership Council meetings will be held on Saturdays *10/29, 11/12, 12/10, 1/7, 1/21, 2/4, 2/18, 3/4, 3/18, 4/15, 4/29, 5/13* from 2:30-4:00pm. Note: We require that volunteers commit to attending at least 8 of these meetings. **Please initial if you agree to the attendance policy.**

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### About You

What are some of your interests and hobbies?

What do you envision for your future?

Person to Notify in Case of Emergency			
Name		Relationship	
Home Phone		Work Phone	

Service Documentation				
Will you require the library to provide documentation of your volunteer service?			Yes	No
Which school do you attend?				



## **(Minor) Volunteer Release and Waiver of Liability**

This Release and Waiver of Liability (“release”) executed on (date) \_\_\_\_\_ by (Name of Volunteer’s Guardian) \_\_\_\_\_ for \_\_\_\_\_ (“Volunteer”) releases Canton Public Library (“Library”) a nonprofit entity organized and existing under the laws of the State of Michigan and each of its directors, officers, employees and agents. The Volunteer desires to provide unpaid services for the Library and engage in activities related to service as a library service volunteer.

**Volunteer and Volunteer’s Guardian** understand that the scope of the Volunteer’s relationship with the Library is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that the Library will not provide any benefits traditionally associated with employment to the Volunteer; and that the Volunteer will not be entitled to workers compensation coverage.

**1) Waiver and Release;** I \_\_\_\_\_, the legal guardian of \_\_\_\_\_ (Volunteer), release and forever discharge and hold harmless the Library and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services the minor volunteer provides to the Library. I understand and acknowledge that this Release discharges the Library from any liability or claim, whether caused by the negligence of the Library or its officers, directors, employees, agents or otherwise that **I, or my child**, may have against the Library with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services provided to the Library or occurring while he/she is providing volunteer services.

**2) Insurance;** Further, I understand the Library does not assume any responsibility for or obligation to provide **me or my child** with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of his/her injury, illness, death or damage to our property. I expressly waive any such claim for compensation or liability on the party of the Library beyond what may be offered freely by the Library in the event of such injury or medical expenses incurred by me for my child. **The Volunteer’s Guardian is responsible for any medical/health insurance in the event of personal injury or illness as a result of volunteer’s services to the Library.**

**3) Medical Treatment;** **I, and my child**, hereby Release and forever discharge the Canton Public Library from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my child’s tenure as a volunteer with the Library.

4) **Assumption of Risk;** I understand that the services my child provides to the Library may included activities that may be hazardous and I assume all responsibility for any risk.

5) **Photographic Release;** I grant and convey to the Library all right, title, and interests in any and all photographs, images, video, or audio records of my child or his/her likeness or voice made by the Library in connection with provision of volunteer services to the Library.

6) **Other;** **As guardian of a minor volunteer,** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

**KNOWING AND VOLUNTARY EXECUTION**

**I HAVE CAREFULLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CANTON PUBLIC LIBRARY REGARDING THE SERVICE OF MY MINOR CHILD AS A VOLUNTEER AT THE LIBRARY AND SIGN THIS OF MY OWN FREE WILL.**

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**Signature of Parent or Guardian**

**Date**

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**Relationship to Minor Volunteer**