



San José Public Library One-Time Volunteer Application



BRANCH/UNIT: _____

PROJECT: _____

Date _____

Please print all information clearly in ink

Last Name		First Name	Middle	
Street Address		Apt #	City	State Zip
Home Phone		Cell Phone	Work Phone	
E-mail		Date of Birth (year optional if over 18)		
Place of Employment		Title		
Emergency Contact Name		Relationship		
Address		City	State	Zip
Home Phone	Work Phone	Ext.	Cell Phone	

I acknowledge that there is no salary or other compensation for my services as a volunteer.

I understand that during the course and scope of my volunteer services to the City, I will be covered under the City's Workers' Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer services to the City, which is covered by Workers' Compensation, shall be through the City's Workers' Compensation self-insurance coverage. I waive any other right or remedy that I may have available to me for the injuries described above.

I understand that the City of San José or San José State University may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the City and the University to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José (and/or San José State University) and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.** Permission is not required to take part in City or University events.

Signature of Applicant _____ Date _____

Signature of Parent/Legal Guardian (If under 18) _____ Date _____

Print Name of Parent/Legal Guardian (If under 18) _____