

WILLIAMSON COUNTY LIBRARY
ADULT VOLUNTEER APPLICATION FORM

Name of applicant _____ Age _____

Address _____

Phone Number _____

Library Experience

Desired Library Activities to Volunteer

Day and time that you will be able to volunteer
Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Initial _____

I understand that Williamson County and the Williamson County Library, their agents, employees, and volunteers are **not responsible** for any injury to me that may result from my participation in any volunteer activities.

I agree to hold harmless, indemnify and release Williamson County, Williamson County Library, their agents and employees, and any other volunteers from any liability for any injury or damage I may sustain associated with my participation in any volunteer activities. **I understand that I am not an employee of Williamson County and am not entitled to workers compensation benefits if I am injured.**

Name

Date