



HUNTSVILLE PUBLIC LIBRARY  
Volunteer Consent Form

In consideration of \_\_\_\_\_ volunteering on behalf of the Huntsville Public Library (with the Town of Huntsville) acting in my capacity as \_\_\_\_\_:

I understand that my services are valuable to the Library and agree to:

- Perform the tasks given to me to the best of my ability
- Be punctual and conscientious in the fulfillment of my duties
- Take any problems or suggestions to the CEO/Chief Librarian or designate
- Consider as confidential all information which I may hear directly or indirectly concerning a library user
- Accept supervision from Library employees
- Uphold the standards of this Library before the community at large
- Maintain a working relationship with employees and other volunteers
- Work on a regular basis as determined by the volunteer schedule

Understanding that the Huntsville Public Library volunteer is a valuable addition to the Library, the Library agrees to:

- Treat the volunteer as a co-worker and offer full support of the employees

The Library also agrees to provide:

- Suitable assignments, with consideration for personal preference and skills
- Orientation to the facility, emergency, AODA customer service, and health and safety requirements
- Training and supervision specific to the task
- Information about new developments and training for greater responsibilities
- The right to be heard, take part in planning and to make suggestions
- Recognition for good performance

\_\_\_\_\_  
Huntsville Library Designate

\_\_\_\_\_  
Date



**ELEMENTS OF RISK**

I acknowledge that my participation as a volunteer can involve certain elements of risk that could result in an injury. The risk of sustaining an injury can result from the nature of the activity itself, natural and manmade, climatic conditions, the actions of third parties and the participant's own physical condition and actions.

The risk of sustaining an injury while volunteering on behalf of Huntsville Public Library can result from the nature of the activity and can occur without any fault of the participant, or the Huntsville Public library, its employees, agents, council members, or the facility where the activity is taking place. By choosing to volunteer in this activity, you are accepting the risk that you may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

In order to participate, I HEREBY AGREE to do so at my own risk and understand that I do not have access to Huntsville Public Library Health Benefits or WSIB.

If you choose to participate as a volunteer on behalf of the Huntsville Public Library you must understand that you bear the responsibility for any injury that might occur.

**ACKNOWLEDGEMENT**

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION**

I hereby give \_\_\_\_\_ (name of student) permission to participate in \_\_\_\_\_ (description of activity).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_