



## FRIENDS OF THE LIBRARY OF HAWAII

### Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Ph: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Title \_\_\_\_\_ Time in present position \_\_\_\_\_

Educational/Professional Background:

List any skills or expertise which you could share \_\_\_\_\_

Car License No: \_\_\_\_\_

Year/Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_

### **Conflict of Interest Statement**

FLH does not allow any volunteer to achieve personal gain through the purchase of books and/or materials from the warehouse with the intent of selling these items for a profit. Volunteers found participating in this type of activity will be prohibited from continuing to volunteer with our organization.

Additionally, FLH does not allow the purchase of books or materials by a volunteer when that volunteer has priced that book or material. This prohibition is posted at the FLH warehouse.

I confirm that I am over the age of 18 years, and that I have read and understand the above statement.

\_\_\_\_\_ (initial here)



## FRIENDS OF THE LIBRARY OF HAWAII

### Volunteer Waiver and Release

Your signature on this release indicates that you accept all risks and responsibilities relating to volunteer activities for the Friends and that you will not hold the Friends responsible for any injury to you or your property, or for liability you may have for any injury to any other person or their property which you may cause in the course of your volunteer activities.

If at any time you are asked to participate in a volunteer activity which you believe creates a risk of injury to you or your property which you are unwilling to accept, the Friends request that you decline to accept the assignment. Likewise, if you are asked to participate in a volunteer activity in which you believe your participation would create risk of injury to other persons or their property, the Friends request that you decline to accept the assignment.

\_\_\_\_\_ (name of volunteer) agrees to participate in volunteer activities for the Friends of the Library of Hawaii, a non-profit organization organized under the laws of the State of Hawaii, upon the following understandings and conditions:

1. I am aware that certain volunteer activities may involve a risk of injury to me or my property, and/or risk that I may cause injury to other persons or their property.
2. I understand that I am free at any time to decline to participate in any volunteer activity requested by the Friends.
3. I confirm that I am over the age of 18 years, and that I have read and understand this Waiver and Release.
4. I waive, release, and forever discharge the Friends and its officers, directors and employees from any and all claims, causes of action, charges or complaints which I may have against any of them on account of any injury to me or my property, or any injury to other persons or their property for which I may be liable, relating to and arising out of or resulting from my activities as a volunteer for the Friends, except for Claims directly caused by the gross negligence or willful misconduct of the Friends or its officers or directors. This Waiver and Release is also binding on my heirs, executors, personal representatives and assignees
5. I understand that, to protect the health and welfare of all stakeholders, the FLH Board of Directors requires all FLH staff & volunteers to attest to their COVID-19 vaccination status and show proof of COVID-19 vaccination or proof of a weekly negative test. (Effective 9/20/21)

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

Printed Name of Volunteer \_\_\_\_\_

Volunteer Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone No: \_\_\_\_\_