



**VOLUNTEER RELEASE OF LIABILITY AND CONFIDENTIALITY AGREEMENT**

*As a Volunteer, I fully understand and agree to the following: PLEASE READ CAREFULLY BEFORE SIGNING.*

- That except as authorized, during my service as a volunteer I will not use Ossining Public Library (hereafter referred to as the Library) facilities and equipment, nor disclose, release or make use of any confidential or personal information that has been shared with, or acquired by, me.
- That I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I further understand that there is no employment relationship as a result of my volunteer activity. Further I understand that the Library may at its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.
- That my volunteer activity may involve personal risk and could result in property damage or bodily injury. In the event of a claim arising out of my good faith performance of **authorized** volunteer activities for the Library, the Ossining Public Library will provide me with a legal defense and third party liability insurance coverage, subject to the conditions of the insurance policy.
- With the exception of the types of claims set out in the preceding paragraph, I agree to indemnify and hold harmless the Library from all claims, demands, causes of action, loss, costs or damages that the Library may suffer, incur or be liable for in relation to any injury or property damage I may suffer or cause in connection with my participation as a volunteer. I hereby release, waive, and discharge the Library from all liability to my heirs, executors, administrators, and assignees for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.
- I am aware of the nature and effect of the Volunteer Release of Liability and Confidentiality Agreement form that I am signing. I acknowledge having read, understood, and agree to the above conditions, release, and waiver. I certify that all statements made by me in this application, and any attached documents, are true and complete to the best of my knowledge and belief, and are made in good faith.

**If under 18 years of age, a parent or legal guardian is required to sign.**

- I hereby certify that I am the parent/legal guardian of \_\_\_\_\_, a minor, and that s/he has my permission to serve as a volunteer with the Library. As the parent/legal guardian I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

\_\_\_\_\_  
Signature of Volunteer or Parent/Legal Guardian

\_\_\_\_\_  
Date

Personal information collected for these purposes will only be used internally at the Library, and will only be disclosed to you, except if the law requires disclosure to a third party. Questions about the collection and use of this information should be directed to:

Please attach your resume if it is current.

The application and any relevant documents may be dropped off or mailed to the Ossining Public Library, 53 Croton Avenue, Ossining, NY 10562. Files are kept active for one year from the date of receipt and then destroyed.

