

**Teen Volunteer Contract**  
**General Rules of Volunteer Conduct**

Thank you for volunteering! This summer has been our busiest yet! We are so appreciative of everyone's help. With your assistance, the new library can be a place for all to enjoy.

**Dress Code**

Proper attire is required. Dress should be neat, clean, and appropriate.

**Scheduled Time/Work Assignments**

Volunteers must work a minimum of two hours, one day a week, on a scheduled weekly basis. Volunteer service is based on the individual needs of the Library. Inform your supervisor of sick leave, vacation or schedule change. Volunteers are expected to perform work assignments within the scope of their jobs. No person should spend more than 3-4 hours a day at the library.

**Conduct**

Volunteers are expected to conduct themselves in an appropriate manner while on City premises or any place while on duty. Inappropriate conduct includes actions which reflect unfavorably on the City, employees, volunteers, or citizens. Personal threats, profane or abusive language in dealing with the public, employees, or volunteers will not be tolerated. Volunteers receive the same borrowing privileges as those accorded to other patrons.

**Personal Effects**

Personal items (handbag, knapsack, etc.) may be stored in designated area. The Library is not responsible for them. Cell phone use is prohibited during volunteer service.

**Violation of the rules may result in termination of the volunteer from active status with the Library.**

My signature indicates that I have read, understand, and agree to abide by the General Rules of Volunteer Conduct.

Volunteer's Signature & Date: \_\_\_\_\_

Guardian's Signature & Date: \_\_\_\_\_

Supervisor's Signature & Date: \_\_\_\_\_

**Teen Volunteer Orientation**

There will be an orientation to help you get a better understanding of what will be expected of you. The date of the orientation is to be determined. Attendance will be required. If you will be unable to attend, please notify your supervisor immediately.

# City of Boerne

## VolunTeen (MINOR) Registration & Release Form

To Be Completed By Volunteer's Parent or Guardian and Signed by Volunteer

Please print all requested information in order to register as a volunteer for the Patrick Heath Public Library.

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, a minor of \_\_\_\_\_ years of age, hereby authorize the City of Boerne, to consent to emergency medical or dental treatment for my child (or ward). I understand that the City of Boerne will make all reasonable efforts to contact me and provide me with notice in the event that my child (or ward) requires emergency medical or dental treatment. In the event that the City of Boerne cannot contact me and give me notice, I understand that I am hereby authorizing the City of Boerne to consent to such treatment on my behalf. I understand that the City of Boerne will seek necessary emergency treatment for my child (or ward) only in the event that my child (or ward) is injured or harmed while volunteering for the City of Boerne.

Signature of Parent or Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_

I have received, understand, and agree to abide by the General Rules of Volunteer Conduct.

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

(Pursuant to Section 35.01 of the Texas Family Code)

**Please indicate what event you will be volunteering for, tasks you would be interested, if you have any special skills we should know about or and special accommodations you will need and what time frame that you would like to commit to.**

Event: \_\_\_\_\_

Time: \_\_\_\_\_ to \_\_\_\_\_ Requested Tasks: \_\_\_\_\_

Special Skills or Accommodations: \_\_\_\_\_

You will receive a phone call or e-mail prior to the event with specific instructions on where and when to check in and details about the tasks you will be helping with.

Should you have any questions about the event you will be participating in or any projects you will be working on please contact Nikole Thompson at 830-249-3053 or [thompson@boernelibrary.org](mailto:thompson@boernelibrary.org).

**Thank you in advance for your help and support!**

# CITY OF BOERNE RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT

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In exchange for being allowed to participate in City sponsored activities, I am freely signing this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT.

I understand that participating in City sponsored activities may be hazardous to my personal health and safety (and that of my minor children), and that for the privilege of being allowed to participate in such activities, I am accepting all risks associated with being on the property and/or participating in City sponsored activities on behalf of myself (and my minor children).

I understand that risks associated with such entry and/or participation include, but are not limited to, bodily injury, property loss or damage and death.

I understand and accept that my voluntary participation in City sponsored activities exposes me to a heightened risk of injury, property loss, damage or death and that those risks are possibly beyond the ordinary risks associated with such potentially hazardous terrain and/or activities.

Knowing this, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS the City of Boerne, its officers, employees, agents, volunteers and assigns from and against any and all liability, claims, demands and judgments which I may have, or which my heirs, executors, administrators, or assigns may have or claim to have against the City of Boerne, its officers, employees, agents, volunteers, or assigns, for any and all claims, demands, actions, and causes of action of whatever nature or character, known or unknown, which may be asserted by any person, firm, or corporation, whosoever claiming by, through or under me for personal injuries, death, and/or property damage caused by or arising out of, my entry on to the property and/or participation in City sponsored activities.

I agree that if I (or my minor children) require rescue and/or emergency medical assistance and/or transport, I WILL PAY THE COSTS OF SUCH RESCUE AND/OR ASSISTANCE AND/OR TRANSPORT and I, or my heirs, will reimburse the City of Boerne and/or others for the costs incurred in performing any rescue and/or assistance and/or transport on my behalf within thirty (30) days of receipt of written demand.

I am 18 years of age or over, or I am accompanied by a parent or guardian who is authorized to sign this release on my behalf. I have carefully read this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT or had it read to me in a language that I fully understand and I understand all of its terms. I am signing voluntarily and with full knowledge of its legal consequences and of the personal risks to me and/or my minor children. I have not relied on any information from the City of Boerne, its officers, employees, agents, volunteers or assigns in deciding to make this release and agreement.

Participant (Printed): \_\_\_\_\_

Participant (Signed): \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

**Participant and or Guardian E-mail:** \_\_\_\_\_

Parent or Guardian (Printed): \_\_\_\_\_

Parent or Guardian (Signed): \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_