



STUDENT VOLUNTEER LETTER

Thank you for expressing interest in becoming a volunteer with The Lee County Library System (LCLS). Volunteers are utilized at each library location and play an integral part in assisting staff with various work assignments. Before completing this application, please consider the following requirements and expectations of library volunteers.

The LCLS depends on and values volunteers. Therefore, a commitment of an agreed upon time frame is expected. Many volunteer positions require the ability to lift, bend, stretch, kneel, stand, twist, push full book carts and repeatedly handle and manipulate library materials. The library appreciates volunteers who have the ability to interact courteously with library patrons and staff. The LCLS is a professional organization which requires volunteers to conform to the library system's dress guidelines for volunteers and code of conduct.

All prospective student volunteers must submit one letter of recommendation. Letters are accepted from:

- Teacher or other school personnel
- Member of clergy/religious affiliation
- Employer (past or present)
- Community or Civic Organization or other library approved source

If interested in applying, please complete and return the application along with a letter of recommendation. The volunteer coordinator will then contact applicants when volunteer opportunities are available. If offered a volunteer position, your parent or legal guardian will be required to submit a signed and notarized copy of the *Lee County BoCC Waiver Form for Individual Volunteers under the age of 18*.

Lee County Library System
2345 Union Street | Fort Myers, FL 33901
leelibrary.net



STUDENT Volunteer Application

Date: _____ Library where you wish to volunteer: _____

Please print clearly and complete each section of form:

Name: _____

Address: _____
and Street City State Zip

Best Contact #: _____ Cell or Home

E-mail Address: _____

Parent or Legal Guardian Information:

Name: _____ Relationship: _____

Best Contact #: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Best Contact #: _____

Have you completed the tenth grade or have equivalent experience? ☐ YES ☐ NO

Letter of recommendation attached? (see student volunteer letter) ☐ YES ☐ NO

List any previous volunteer and/or work experience:

If you require any special accommodations, please explain:

Do you have any relatives employed with Lee County? ☐ YES ☐ NO

If YES, list name(s) and department(s)? _____

Would you be willing to be contacted to assist with special events? ☐ YES ☐ NO

The above information is true and correct.

Signature: _____ Date: _____

BVC use only: Date Interviewed: _____ ID checked: _____ Accepted (staff initials): _____

Library Administration Volunteer Services | 2345 Union Street | Fort Myers, FL 33901
239-533-4815 office | 239-485-1100 fax
cvaughn@leegov.com | leelibrary.net

LEE COUNTY BoCC WAIVER FORM
for Individual Volunteers under the age of 18

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY BoCC PROGRAMS/ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County BoCC program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County BoCC programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I agree to indemnify and hold harmless Lee County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature. If registering via email, your typed signature shall be substitute for and have the same legal effect as an original form signature.



Board of County Commissioners
Department of Human Resources

LEE COUNTY BoCC WAIVER FORM
for Individual Volunteers under the age of 18

Please Sign in the presence of a Notary:

Signature of Minor:	Print name:
Parent/Legal Guardian Signature:	Date:

Acknowledgment of Individual

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date), by
_____ (name), who is personally known to me or who has
produced _____ (type of identification) as identification.

Notary Public

Printed Name: _____

My Commission Expires:

Commission # _____