

Oscar Foss Memorial Library
111 S. Barnstead Road
Center Barnstead, NH 03225

Volunteer Consent Form

I, (print name) _____,
give my consent to serve as a volunteer for the Oscar Foss Memorial Library.

I know of no reason, medical or otherwise, that would prevent me from performing volunteer services. I release and hold harmless the library for any loss, damage, or injury that may be sustained while I am serving as a volunteer. I will hold harmless and indemnify the library as to any claims or actions brought by a third party arising out of my own negligence while serving as a volunteer for the library.

I give permission and consent for the library, through its employees, to obtain necessary emergency medical care or treatment for me, if and when needed. I will honor the direction of the library, through its appropriate employees, to suspend or terminate my volunteer services at anytime.

By signing this, I acknowledge and represent that I am eighteen (18) years of age or older and am fully competent. I have read the foregoing and the Volunteer Policy and I understand the significance of the agreement, and am signing voluntarily as an act of my own free will.

Volunteer Signature

Date

Volunteer Address

Volunteer Phone

Volunteer Email