

ACCEPTANCE AND APPROVALS; As a volunteer, I have read, agree and understand the San Bernardino County Library "Confidentiality Policy". I also understand that violating the policy may result in possible dismissal from my volunteer position.

Volunteer Signature & Date

Branch Approval & Date

NOTICE TO PARENTS OF LIBRARY VOLUNTEERS UNDER AGE 14

The County provides Workers Compensation insurance coverage for medical treatment of injuries sustained while working for all employees and volunteers <u>age 14 and older</u>.

However, because 14 is the minimum age to obtain a work permit and legally work in California, <u>Workers</u> <u>Compensation insurance coverage for accidents or injuries is not provided or available for volunteers</u> <u>under 14 years of age.</u>

Therefore your signature is required below, indicating that you are aware of the above information, and are providing any special instructions for notification or action in case of accident or injury to your child under age 14.

Liability Waiver & Hold Harmless Agreement:

You further agree by your signature below to hold the County and the library harmless for any such expenses incurred for the medical treatment of your child in the event of accident or injury, and waive all rights to recover medical expenses associated with such accident or injury.

This notice and parental permission shall remain in effect until the first day after receipt of written revocation by either party.

Name of Primary Emergency Contact	Phone #
Name of Secondary Contact	Phone #
Special Instructions: (Allergies, medications taken regularly, diabetic, etc.)	

I have read and understand the statements above, and accept the terms and conditions, subject to the information and special instructions I have supplied above.

Signature of Parent or Legal Guardian

Date Signed