

Library Visitor Volunteer Agreement

Personal Information

Name: _____

Driver's License Number: _____

Expiration Date: _____

Automobile Information

Make: _____

Model: _____

Year: _____

License Plate #: _____

I understand that I have accepted a volunteer role that requires me to drive my own vehicle. I fully understand that my personal insurance would apply in the event an accident or injury should occur while performing that volunteer role. I, therefore, agree to indemnify and hold harmless the Arlington Heights Memorial Library (AHML) and the Village of Arlington Heights and their officers, agents and employees from any and all liability resulting from driving in my volunteer role. I agree to fully waive and release AHML from any claim for injuries or other damages I may suffer which arise from my driving service as a volunteer for AHML.

Further, by signing this agreement, I agree to maintain in force insurance coverage as required by the State of Illinois and in sufficient amounts as I have determined for my own protection for the duration of my volunteer service.

Signature

Date