

## **Lakeview Community Library Homebound Delivery Volunteer Application**

We are always accepting applications for volunteers in all four of our funding municipalities: Adell, Random Lake, Scott, and Sherman. We hope to match volunteers with those within their municipality.

### Contact information

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have a maiden name or previous name? If yes, please list name below:

\_\_\_\_\_

If you have lived at any previous address in the past five years please list here:

\_\_\_\_\_

### Personal information

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ I am at least 18 years of age (initial)

Marital status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_Yes \_\_\_\_No

Are you volunteering through a group? If yes, please list group:

\_\_\_\_\_

### Driver's License and Insurance Information

By completing the section below you agree and acknowledge that you have and will maintain a valid driver's license and driver's/car insurance.

Driver's License Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

\_\_\_\_ (initial) I agree that the Lakeview Community Library is not responsible for any injuries, accidents, or mishaps that may occur while I am transporting materials.

Reference

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Days and Times Available for Delivery (Please List):

---

---

---

\_\_\_ I will let the library know at least one week in advance if my availability changes.

How did you hear about this program?

---

Volunteer Agreement

\_\_\_ I understand and agree that by submitting this application it does not automatically make me a Homebound Delivery Volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering. I understand that I must adhere to patron confidentiality rules in place by the Library and the government.

\_\_\_ If accepted the books and materials will be my responsibility to pick up and deliver and they will not be left out of doors/exposed.

\_\_\_ I also understand and agree to a criminal background check to be completed as part of the required volunteer screening process

\_\_\_ I attest that the information I have provided on the form is true and accurate

Signature of Applicant: \_\_\_\_\_

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