

Home Service Delivery Volunteer Application

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 street address, city, state and zip code:

Personal information

Date of Birth: ____/____/_____

____ I am at least 18 years of age (initial)

Have you ever been convicted of a felony? ____ Yes ____ No

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 Wautoma Public 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: _____

Availability for Delivery

	Morning	Mid Day	Afternoon
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			-----

_____ 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 Home Service 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.

_____ 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 have attached a photocopy of my driver's license to this application.

_____ I have attached a copy of my vehicle insurance policy.

_____ I attest that the information I have provided on the form is true and accurate.

Signature of Volunteer Date