



Cadott Community Library

Homebound Volunteer Application

Contact Information

First Name: _____ M.I. _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

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

If you have lived at any previous address in the past five years, please list the street address, city, state, and zip code.

Personal Information

Date of Birth: _____

Marital Status: _____ Spouse's Name: _____

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

If yes, please explain. _____

Are you volunteering through a group or organization? If yes, please list the group.

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

Reference

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Availability for Delivery

Check all that apply

	Morning	Mid-Day	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ I will let the library know at least **one week** in advance if my availability changes for delivery schedules. (Initial)

Driver's License and Insurance Information

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

Driver's License Number: _____

Insurance Company: _____

_____ I agree that the Cadott Community Library is not responsible for any injuries, accidents, or mishaps that may occur while I am transporting materials. (Initial)

Volunteer Agreement

Please initial next to the following statements as you agree to them.

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

_____ I 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 to the best of my knowledge.

Print Name

Date

Signature

Date