

Home 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 Altoona 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	<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.

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.

_____ 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 Volunteer

Date