

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

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

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date