



HOMEBOUND VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Home Phone: _____ Cell: _____ Work: _____

REFERENCES: (Please list three people, other than immediate family members who we may contact for personal references. Please list people that have known you for a minimum of one year so they can provide a good detailed character reference.)

Name _____ Daytime Phone: _____ Relationship to you: _____

Name _____ Daytime Phone: _____ Relationship to you: _____

Name _____ Daytime Phone: _____ Relationship to you: _____

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

(Note: A conviction will not necessarily bar participation in our volunteer program but will be considered within the context of the entire application.)

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

VOLUNTEER INSURANCE STATEMENT:

I, _____, a volunteer, understand that if I use my personal automobile in volunteer service, I will maintain liability in at least, the minimum amounts, required by the state of Illinois. I understand that the Library is not liable for any injuries I may incur while transporting materials to and from the Library or while inside a homebound patrons' home.

Drivers License Number: _____ Exp. Date: _____

Private Insurance Carrier: _____ Exp. Date _____

I understand that as a Library volunteer, I will not be considered a Library employee for any purpose and will not be eligible for retirement, health, accident or any other type of benefits, and will not receive any form of compensation. I further understand that I will be expected to abide by Library policies that govern conduct and communications with patrons, including but not limited to those of ethical behavior, confidentiality, and prohibition of drug and alcohol use.

SIGNATURE OF VOLUNTEER: _____

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FOR OFFICE USE:

References Checked and Comments: _____

Homebound Patron Assigned _____ Homebound Volunteer Coordinator: _____