

Homebound Delivery Services Volunteer Application

Homebound Delivery is a program operated by the Sutton Free Public Library. The program complements other library services by reaching a population that cannot otherwise use the Library. Volunteers for this service do not replace library staff or do tasks previously done by paid staff.

To qualify as a volunteer you must be physically able to deliver library materials, possess a valid Massachusetts State driver's license, sign a release of liability, and have proof of current auto insurance. You must also be comfortable working with older adults and the disabled.

Volunteers are responsible for delivering and returning books for the homebound reader. At times volunteers may be asked to select materials from the Library's collections for the homebound reader. Volunteers should recognize the limitations of their own schedules and be careful not to accept a commitment they cannot reasonably expect to fulfill. Volunteers are expected to inform the Library staff of any unsafe situations witnessed while making a delivery. Volunteers must pass a CORI background check. Volunteers will respect the privacy and confidentiality of all requests for materials and agree to respect this confidentiality of the recipient of these materials.

Contact Information

First Name _____ M.I. _____ Last Name _____

Address _____

Home phone # _____ Cell phone # _____

Email address _____

Do you have a maiden or previous name? If yes, please list name(s):

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

Personal References

Please list two references that you have known for a minimum of one year. Do not use family members as references.

Name	Relationship	Telephone

Personal Information

Date of Birth _____

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 Sutton Free Public Library is not responsible for any injuries, accidents, or mishaps that may occur while I am transporting materials.

Emergency Contact

Name _____ Relationship _____

Home phone # _____ Cell phone # _____ Work phone # _____

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on the application (or any accompanying or required documents) will be cause for denial of volunteer position or immediate termination of volunteer position, regardless of when or how discovered.

I authorize the investigation of all statements and information contained on this application. I release from all liability anyone supplying such information and I also release the Library from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on the application by me.

Signature _____ Date _____

For Library Use Only

	Date	Staff Member
Application Received		
References Contacted		
CORI Completed		
Training Complete		