

### Homebound Delivery Service Volunteer Application

The Merrick Public Library offers Homebound Delivery services to reach a population that cannot otherwise use the library. Volunteers participating in 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
- Be comfortable working with older adults and the disabled
- Possess a valid Massachusetts State driver’s license
- Sign a release of liability
- Have proof of current auto insurance

Volunteers are responsible for delivering and returning books for homebound patrons. 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 library staff of any unsafe situations witnessed while making a delivery. Volunteers must pass a CORI 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: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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 the 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	Telephone	Relationship

#### Personal Information

Date of Birth: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Driver’s License & 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 Merrick Public Library is not responsible for any injuries, accidents, or mishaps that may occur while I am transporting library 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 facts on the application (or any accompanying required documents) will be cause for denial of volunteer position or immediate termination of volunteer position, regardless of how or when the information is 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 Merrick Public Library of Brookfield, MA from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements 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		