

Traveling Titles Homebound Delivery Volunteer Application



Contact Information:

First Name: _____ Last Name: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Telephone: _____
Email Address: _____

Do you have a maiden name or previous name? If so, please list:

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

Personal Information:

Date of Birth: _____

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

If yes, please explain: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Reference:

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Driver's License and Insurance Information:

Driver's License Number: _____

Insurance Company: _____

____ I agree that the Joplin Public Library and Friends of the Joplin Public Library are not responsible for any injuries, accidents, or mishaps that may occur while I am transporting materials.

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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.

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.

___ I understand the books and materials will be my responsibility to pick up and deliver and they will not be left out of doors/ exposed.

___ I 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.

Confidentiality Agreement:

All library employees and volunteers are required to protect each library patron's right to privacy. Volunteers are required to strictly maintain the privacy of library patrons by not divulging any personal account information, including titles and subject matter of materials used or borrowed, to anyone other than library personnel.

___ I understand and agree to the Confidentiality Agreement as described. I also understand that violating this policy may result in possible dismissal from my volunteer position with the library.

Signature

Date