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, p	please list name(s):			
Personal References Please list two references that you	ddress in the pa	ast five years please I	year. Do not use family r	- members as references	
Name	Rel	ationship	Telephone		
Personal Information					
Date of Birth					
Have you ever been convicted of a	felony?	_YesNo			

Driver's License and Insurance Information

, , ,	ow you agree and acknowledge	that you have and wi	Il 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 no	t responsible for any i	njuries, accidents, or mishaps that			
may occur while I am transpo	rting materials.					
Emergency Contact						
Name	Relationship	<u> </u>				
Home phone #	Cell phone #	Work ph	one #			
misrepresentation, or omission denial of volunteer position o	r immediate termination of volu	any accompanying or unteer position, regard	required documents) will be cause for dless of when or how discovered.			
-		·	pplication. I release from all liability nat might result from making an			
I acknowledge that I have reainformation supplied on the a	d and understand the above sta pplication by me.	tement and hereby gr	ant permission to confirm the			
Signature		Date				
For Library Use Only						
	Da	te	Staff Member			
Application Received						
References Contacted						
CORI Completed						
Training Complete						
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