

Homebound Service Volunteer Form

Homebound Service
Community Outreach
Monroe County Public Library
303 E. Kirkwood Ave.
Bloomington, IN 47408
(812) 349-3050 ext. 2058

First Name: * _____

Last Name: * _____

Age: * _____

Address: * _____

City: * _____

Zip Code: * _____

Home Phone: * _____

Work Phone: _____

Email: *

Do you have your own vehicle? *

?
Yes

?
No

Do you have proof of insurance? *

?
Yes

?
No

How far in the county are you willing to drive to deliver to a library patron? *

Do you have a preference for a male or female patron? *

?
Male

?
Female

?
No preference

Do you have any experience in libraries or related work? *

?
Yes

?
No

What are your reading interests? *

Would you have time to select and deliver materials at least once a month? *

?
Yes

?
No

Can you volunteer for at least one year? *

?
Yes

?
No

Comments or additional information::

Background Check: (Please read carefully before submitting application.)

required: *
I, _____ (please type your name)

understand that my check in the box below authorizes Monroe County Public Library to conduct a background check in connection with this application.

Agreement: *

?
Check here

COMMUNITY OUTREACH
www.mcpl.info/outreach
812-349-3050, ext. 2058

Updated February 23, 2012



Links:
[1] <http://mcpl.info/print/pdf/outreachhomebound-service-volunteer-form>
[2] <http://mcpl.info/print/pdf/outreachhomebound-service-volunteer-form>
[3] <http://mcpl.info/print/pdf/outreachhomebound-service-volunteer-form>