

# Forbes Library Outreach Delivery Volunteer Application

Please complete this form to be considered for a volunteer position. You will be contacted by a staff member when a potential opportunity becomes available. Following a brief interview with one of the library's professional staff, approved volunteers will be matched with library patrons.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

## *Work Experience*

Present or last position \_\_\_\_\_

Employer, City and State \_\_\_\_\_

## *Volunteer Experience*

Present or last position \_\_\_\_\_

Organization, City and State \_\_\_\_\_

Is this community service court ordered? yes no

What Languages do you speak? \_\_\_\_\_

Volunteers will be required to provide proof of auto insurance. Is the vehicle that you will drive while volunteering insured? yes no

Are you able to service patrons whose residences are not smoke-free? yes no

Are you able to service patrons who have cats? yes no

Are you able to service patrons who have dogs? yes no

Are there any other preferences that you would like us to consider when matching you with a patron? \_\_\_\_\_

What about the Outreach Delivery Program interests you?

Volunteering with the Outreach Delivery Service requires a minimum commitment of two hours a week for six months. Are you able to contribute this amount of time? yes no

What is the maximum number of hours you would like to volunteer each week? \_\_\_\_\_

What days and times are you available during the week to volunteer?

\_\_\_ Monday:  Morning  Afternoon  Evening

\_\_\_ Tuesday:  Morning  Afternoon  Evening

\_\_\_ Wednesday:  Morning  Afternoon  Evening

\_\_\_ Thursday:  Morning  Afternoon  Evening

\_\_\_ Friday:  Morning  Afternoon  Evening

\_\_\_ Saturday:  Morning  Afternoon  Evening

Please note: ALL prospective volunteers for the Forbes Library Outreach Delivery Service will be required to submit a Criminal Offense Records Investigation (C.O.R.I.), as required by state law. Applicants under the age of 18 must also have written permission from their parent or legal guardian.

*Emergency Contact*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

*Reference*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

**I certify that the answers contained in this application are true and complete to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this application to the library or mail it to: Forbes Library, Outreach Delivery Coordinator, 20 West Street, Northampton, MA 01060.*