



Homebound Program VOLUNTEER Application

The Homebound Program makes reading material available to eligible homebound individuals.

The program is made possible by volunteers from the Friends of the AWL Library, who select, deliver, and return books at least once per month.

PROSPECTIVE VOLUNTEER INFORMATION

Name: _____

Address: _____

Phone: _____ Email Address: _____

Emergency Contact: _____ Phone: _____

Are you a current member of the Friends' of the AWL Library organization? _____ YES _____ NO
Friends' membership is required for volunteers with this program. You may join at the circulation desk or online at awllindsey.com/friends. If you need assistance with membership dues, please talk to the volunteer coordinator.

PROSPECTIVE VOLUNTEER RELEASE *(Initial next to each statement and sign below.)*

_____ I acknowledge that all deliveries and exchanges should be made at the patron's door and that I am advised to refrain from entering the home of the homebound patron.

_____ I release the Friends of the Anne West Lindsey District Library and the Anne West Lindsey District Library of any liability, claims and demands from related volunteer activities and from any claim due to first aid, treatment or service rendered in connection with volunteer activities.

_____ I understand that I will use my own vehicle and gas for deliveries and acknowledge that I am doing so at my own risk and am responsible for providing my own insurance.

_____ I give permission to be included in photographs and videos for marketing purposes.

_____ I understand that I must undergo a background check in order to volunteer with this program. (Instructions will be emailed to applicants. The Friends pay for background check fees.

Applicants who do not agree to the background check may not deliver books to patron homes, but can check with program coordinators for other volunteer opportunities.)

PROSPECTIVE VOLUNTEER AGREEMENT

By signing below, I confirm that the information I provided on this application is true and correct. This signature also constitutes an agreement on my behalf to represent the Friends to the best of my ability.

Name: _____ Signature: _____ Phone: _____

OFFICE USE ONLY

DATE RECEIVED: _____ DATE CONTACTED: _____ COORDINATOR: _____

BACKGROUND CHECK COMPLETED: Yes / No APPROVED AS VOLUNTEER: Yes / No TRAINING SCHEDULED: Yes / No

NOTES: _____

Return completed applications to: AWL library, 600 North Division, Carterville, IL 62918.

Learn more at (618) 956-9755, FriendsofAWL@gmail.com, or awllindsey.com/homebound.