

# Volunteer Application

## Homebound Service

### ImagineIF Bigfork



Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Email: \_\_\_\_\_

Birthday (month and day): \_\_\_\_/\_\_\_\_

MT Driver's License Number: \_\_\_\_\_

**Complete and return to:**  
 Homebound Service  
 ImagineIF Libraries  
 525 Electric Avenue  
 Bigfork, MT 59911

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

### Preferred Geographic Location

\_\_\_\_ Within 1 mile of library    \_\_\_\_ Within 3 miles of library    \_\_\_\_ Within 5 miles of library    \_\_\_\_ No preference

**Personal References** (Please list two references that you have known for a minimum of one year. Do not use family members as references.)

Name	Relationship	Address	Telephone

### Certification

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application, verification of references and criminal history check. I am offering my services as a volunteer. If my offer is accepted, I will not be entitled to compensation for any service I provide.

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

Received \_\_\_\_\_  
 References Contacted Y / N  
 Training Complete Y / N  
 Volunteer ID# \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 Initial Delivery Assignment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Copy of App to Library \_\_\_\_\_