

Volunteer Application Homebound Service ImagineIF Columbia Falls



Name: _____ Preferred Name: _____

Address: _____

City: _____ ZIP: _____

Phone: _____ (home) _____ (cell) _____

Email: _____

Birthday (month and day): _____ / _____

MT Driver's License Number: _____

Complete and return to:
Homebound Service
ImagineIF Columbia Falls
130 6th Street West
Columbia Falls, MT 59912

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, and I agree to deliver all materials that the patron requests. 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 _____
