

Volunteer Application

Homebound Service

ImagineIF Columbia Falls



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 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. 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 _____