

HOMEBOUND SERVICE
303 E. Kirkwood Ave.
Bloomington, IN 47408
(812) 349-3050 ext. 2058

Date of Application _____

**HOMEBOUND SERVICE
VOLUNTEER FORM**

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (Work) _____

Email address _____

Do you have your own vehicle? _____ Do you have proof of insurance? _____

How far in the county are you willing to drive in order to deliver to a library patron? _____

Do you have a preference for a male or female patron? _____ if so, which? _____

Do you have any experience in libraries or related work? _____

What are your reading interests? _____

Would you have time to select and deliver materials at least once a month? _____

Can you volunteer for at least one year? _____

Comments or additional information _____

My signature authorizes Monroe County Public Library to conduct a background check in connection with this application.

Signature _____ Date _____