



Volunteer Application

Homebound Delivery Program

Thank you for your interest in volunteering with the Friends of the Flathead County Library System!

Please complete and return this application to:
Friends of the Flathead County Library
Homebound Delivery Program
P.O. Box 3403
Kalispell, MT 59903

Office Use

Date _____

References Contacted Y / N _____

Orientation Complete Y / N _____

Volunteer ID# _____

Start Date _____

Initial Delivery Assignment _____

Name: _____

Address: _____

Zip Code: _____

Telephone: _____ (daytime) _____ (evening)

Email: _____

Driver's License Number _____

Emergency Contact Name: _____ Phone: _____ Relationship _____

Preferred Geographic Location

Within 1 Mile of Main Library	Within 3 Miles of Main Library	Within 5 Miles of Main Library	No Preference

Personal References (*Please list the names, addresses, and telephone numbers of **two** references that you have known for a minimum of one year. Do **not** use family members as a personal reference.*)

1. Name: _____ Relationship _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

2. Name: _____ Relationship _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Certification

I certify that the answers contained in this application are and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and verification of references. 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: _____