

**Home Delivery Volunteer Application & Registration**

**Black Creek Village Library**

**507 S Maple St**

**Black Creek WI 54106**

**920-984-3094**

Please supply the following information to register to deliver library materials to library patrons:

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

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you have a valid Wisconsin Driver’s License? 🞎 Yes 🞎No

Currently, our delivery day is every other Thursday.

How often would you be available to deliver materials?

🞎 Once a week 🞎 Twice a month 🞎 Once a month

What time(s) of day would work best for you?

🞎 Morning 🞎 Afternoon 🞎 Evening

Form continues other side 🡪

Automobile Insurance Information:

Name of carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Liability Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Effective Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I am volunteering to deliver library materials to the homes of individuals who cannot come to the library. I will also pick up library materials from these individuals to return to the library. The library staff and I will agree upon the schedule and delivery locations. I agree to contact the library as soon as possible if I am unable to make my scheduled deliver(ies) for any reason.

I take full responsibility for my actions while assuming the role of Home Delivery Service Volunteer and will keep the information of patrons and items checked out, in strict confidence. I acknowledge that neither the Village of Black Creek, the Black Creek Village Library nor the Friends of the Black Creek Village Library provides any medical, health, accident or worker’s compensation benefits for any volunteer.

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Signed Date