Sausalito Library Homebound Delivery Program

For Sausalito residents who are unable to visit the library on their own

VOLUNTEER APPLICATION

PLEASE PRINT TODAY'S DATE _____

NAME _____
FIRST MIDDLE LAST

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____

EMAIL: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

AUTOMOBILE INSURANCE CARRIER: _____
(NECESSARY ONLY IF YOU WILL BE DRIVING A CITY VEHICLE IN THE COURSE OF YOUR VOLUNTEER WORK)

EMERGENCY CONTACT:

NAME _____ PHONE _____

ADDRESS _____

DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER:

MONDAY____ TUESDAY_____ WEDNESDAY_____ THURSDAY_____ FRIDAY_____

MORNING _____ AFTERNOON_____ EVENING_____ WEEKEND_____

FOR STAFF USE ONLY
TOTAL HOURS PER WEEK/MONTH_____
MONDAY____ TUESDAY_____ WEDNESDAY_____ THURSDAY_____ FRIDAY_____
STARTING DATE_____ FINAL DATE_____
PATRON PARTNER _____
PROGRAM COORDINATOR: AUGIE WEBB