			geville LIBRARY
HOMEBOUND DELIVERY VOLUNTEER APPLICATION			
	folibrary@orangev		the Circulation Desk of either branch or email d by phone or email. Access to a vehicle is an orientation training session.
First Na	me:	Last Name:	
Mailing	Address, City and Po	stal Code:	
Home P	hone:	Cell Phone:	
Email A	ddress:		
I Am Av	ailable	Please specify which day	ys of week
	Mornings		
Afternoons			
Referen	ces: As part of the sc		olunteers are required to submit two personal be members of the immediate family.
1.			
	(Name)	(Relationship)	(Phone Number)
2.			
	(Name)	(Relationship)	(Phone Number)
As a pot	tential volunteer for H will reimburse the cos	omebound Delivery, do you agree to	obtain a Police Vulnerable Sectors Check? The
	Yes		
	No		
Personal information contained on this form is collected under the Authority of the <i>Municipal Act</i> RSO 1990, c. M 45, s 207 (45). This information is collected for the administration and management of the Orangeville Public Library Volunteer Program.			
Signatur	re'		
Date: _			