

Books on Wheels Volunteer Form



Books on Wheels Delivery is a program operated by the Forbush Memorial Library. The program complements other library services by reaching a population that cannot otherwise use the library. Volunteers for this service do not replace library staff or do tasks previously done by paid staff. Thank you for your interest.

To qualify as a volunteer you must be physically able to deliver library materials, possess a valid Massachusetts State driver's license, sign a release of liability, and have proof of current auto insurance.

Volunteers are responsible for delivering and returning books for the at home/homebound reader. Volunteers should recognize the limitations of their own schedules and be careful not to accept a commitment they cannot reasonably expect to fulfill. Volunteers will respect the privacy and confidentiality of all requests for materials and agree to respect this confidentiality of the recipient of these materials.

Contact Information

First Name _____ M.I. _____ Last Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Do you have a maiden or previous name? If yes, please list name(s): _____

If you have lived at any previous address in the past five years, please list street address, city, state, and zip code. _____

Personal Information

Date of Birth _____ Have you ever been convicted of a felony? Yes _____ No _____

What days/hours of the week are you available to volunteer for this program? _____

Driver's License and Insurance Information

By completing the section below, you agree and acknowledge that you have and will maintain a valid driver's license and driver's/car insurance. Please include a photocopy of license.

Massachusetts Driver's License Number: _____

Insurance Company and Policy Number: _____

(*Sign and date HERE*) I voluntarily release the Forbush Memorial Library and the Town of Westminster and its employees/trustees from any responsibility on account of any injury or damage I may cause to myself or to others in connection with this volunteer activity and I agree to hold harmless the Forbush Memorial Library and Town of Westminster and its employees/trustees on account of any claim arising from this activity.

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Emergency Contact

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on the application (or any accompanying or required documents) will be cause for denial of volunteer position or immediate termination of volunteer position, regardless of when or how discovered.

I authorize the investigation of all statements and information contained on this application. I release from all liability anyone supplying such information and I also release Forbush Memorial Library from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on the application by me.

Signature: _____ Date: _____