

**Half Hollow Hills Community Library**

**ADULT HOMEBOUND SERVICE VOLUNTEER APPLICATION**

Day(s) and Time(s) Available: \_\_\_\_\_

\_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell (Optional): \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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For Library Use Only

Date of Service \_\_\_\_\_ to \_\_\_\_\_ Dept.: \_\_\_\_\_