

## Doorstep Delivery Service for the Homebound – Application

**All fields required**

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

Library Card #: \_\_\_\_\_

Age: \_\_\_\_\_

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

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

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

**Contact Person (Relative or Friend)**

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

Phone #: \_\_\_\_\_

Do you have your own mobile device, and would you like to receive downloaded materials from the library?    Yes        No

What types of materials would you like to receive? (Check all that apply)    books        large print books  
audiobooks (books on CD)        DVDs        magazines

Number of items per monthly delivery:

Can we keep a list of checked out materials to make sure we are not duplicating items being sent to you?    Yes        No

**I have read a copy of the *Library Homebound Delivery Policy* and agree to comply with the rules specified therein.** Initials: \_\_\_\_\_

Eligibility for Service: (Check all that apply)

Short Term Illness

Long Term Illness

Non Driver (Age 18 or older)

Other (Please specify) \_\_\_\_\_