



Ridley Township  
Public Library  
& Resource Center

## Application for At Home Services

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

Address: (RT residents only!) \_\_\_\_\_

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

I would like to use At Home Services:

Temporarily: Projected End Date: \_\_\_\_\_ Permanently \_\_\_\_\_

I am unable to come to the library because (please check one):

\_\_\_\_\_ Age-related issues \_\_\_\_\_ Illness or Disability \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_

(Phone #) \_\_\_\_\_

Do you wish to designate another person to borrow materials on your behalf? No \_\_\_ Yes \_\_\_

If yes, please give the name, address, email, and telephone number of the person who will be acting as your agent: \_\_\_\_\_

\_\_\_\_\_ Authorized to receive information about library account? \_\_\_\_\_

**If you do not designate an agent, you will receive your materials once per month via delivery from a library staff member or designated volunteer.**

Delaware County Library Card? Y N Library Card Number: \_\_\_\_\_

When do you wish this service to begin? \_\_\_\_\_

**Please fill out the attached Reader Interest Survey to help us determine your reading preferences.**

### **Responsibilities of Program Participant:**

- I understand that I am responsible for the materials that I receive. I will make sure the materials are returned by placing them in the labeled bag and having them ready for pick up each month.
- I understand that I am responsible for payment for lost or damaged items.
- Someone will accept my materials upon delivery or other arrangements will be made if I am not able to be present on delivery day. I will not leave materials unattended out of doors in case of inclement weather.
- I will notify the library of any change of address, phone number, or change in circumstances.
- I declare that I am unable to get to the library at this time to make my own selections.
- I consent to the library maintaining a reading history of all items borrowed to facilitate the service.

**I have read and agree to the terms set forth in the At Home Services Policy.**

Signature of Patron \_\_\_\_\_ Date: \_\_\_\_\_