

Homebound Delivery Registration Form

For a free home delivery of materials for Beals Memorial Library users who are unable, due to medical or physical limitations, to personally visit the library.

Date: _____ / _____ / _____

Name: _____

Address: _____

Phone #: (_____) - _____ - _____ Email: _____

Do you currently have a CW MARS Library card?

Yes, my card number is: _____ No, I need one I am not sure

Do you live in a senior community or assisted care home? Yes No

If yes, please provide the name and address:

Name: _____

Address: _____

Contact Person *(family member, facility staff, friend ect):*

This person would be able to schedule pick up and drop off, and place items on hold on your behalf.

Name: _____ Relationship: _____

Phone #: (_____) - _____ - _____ Email: _____

Beals Memorial Library respects each library user's right to privacy and confidentiality. In order for a family member, facility staff, or friend to provide assistance with your home delivery service, you must give written permission for us to communicate with your named contact person.

I give my permission for Beals Memorial Library to communicate directly with my contact person (named above) regarding materials I borrow through homebound delivery services.

Signature: _____ Date: _____ / _____ / _____

I am signing up for the Beals Memorial Library homebound delivery service. I give permission for library staff to check materials out on my library card. A record of check outs may be kept by staff and will remain confidential. I will be responsible for all materials checked out on my card.

Signature: _____ Date: _____ / _____ / _____