

Springfield Township Library

Homebound Delivery Program

Mission Statement

The Homebound Delivery Program of the Springfield Township Library supports the educational, recreational and vocational needs of Springfield Township and Morton Borough residents. This free service provides reading and listening materials to residents who are unable to come to the library.

Eligibility

To be eligible for this service you must be a resident of Springfield Township or Morton Borough. You must be unable to come to the library. Please fill out the attached application. Remember to name a contact person who will be able to return the materials if you are unable to put them outside in the book bag, on the pick-up and delivery date.

The following conditions qualify a resident for Homebound Delivery.

- short or long-term illness
- inability to drive a vehicle
- physically challenged
- visually challenged

Approved by Library Board of Trustees August 17, 2017

Springfield Township Library

Home Delivery Application

Participant:

Name: _____ Date of Birth: _____

Address: _____

_____ Telephone: _____

Special Needs: _____

Health Care Facility (If Applicable): _____

Township: _____ Email: _____

Emergency Contact Person:

Name: _____ Telephone: _____

Address: _____

_____ Relationship: _____

Authorized to get information about your account? (initial) _____ Yes _____ No

Library Card Information:

_____ I have a library card. My Card Number is: _____

_____ I don't have a library card. Please contact me about obtaining a card.

Responsibilities of Program Participant:

- I understand that I am responsible for payment for lost or damaged items.
- Someone will accept my materials upon delivery if I am not able to; they will not be left out of doors/exposed.
- 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.

Signature: _____ Date: _____

(Homebound Patron)

Reading Preferences Questionnaire

Reading Interests (check all that apply):

Fiction

- ☐ Romance
- ☐ Mystery
- ☐ Science Fiction
- ☐ Westerns
- ☐ Classic Literature
- ☐ Religious Fiction
- ☐ Poetry
- ☐ Short Stories
- ☐ Other _____

Non-Fiction

- ☐ Biographies-Type of person? _____
- ☐ Philosophy
- ☐ Religion/Spirituality _____
- ☐ Self Help
- ☐ History-American/International? _____
- ☐ Fine Arts
- ☐ Travel
- ☐ Cooking
- ☐ Politics-Party in particular? _____
- ☐ Other _____

☐ Magazines _____

My favorite authors are:

Anything else about you that might help us choose a book:

Are you interested in (check all that apply)

Books: ☐ Large Print ☐ Regular Print

☐ DVDS _____

☐ Books on CD

☐ Music CDs

How many items would you like to receive for the two week period? _____

Springfield Township Library
70 Powell Road
Springfield, PA 19064
610-543-2113



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A DELAWARE COUNTY GOVERNMENT

STAFF USE: Date _____ Last Name _____

LIBRARY CARD APPLICATION

REQUIREMENTS: Identification showing current address is required. Acceptable identification includes valid Pennsylvania driver's license or state ID or any of the following showing current address; checkbook, bank statement, voter registration, utility bill, lease, student ID from a Delaware County institution, etc. To protect customer privacy, all information related to this account will be given ONLY to the person to whom the card is issued.

PLEASE PRINT

LAST NAME FIRST NAME MIDDLE NAME

MAILING ADDRESS APT # CITY/STATE ZIP CODE

ALTERNATE ADDRESS APT # CITY/STATE ZIP CODE

PHONE NUMBER

I want to receive library notices by (choose one)

☐ Mail

☐ Email

BIRTH DATE

BY SIGNING BELOW I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS CHARGED ON MY LIBRARY CARD; TO REPORT A LOST LIBRARY CARD AT ONCE; TO OBSERVE LIBRARY RULES; TO PROMPTLY PAY ALL CHARGES; AND TO NOTIFY THE LIBRARY OF ANY NAME OR ADDRESS CHANGES. THIS CARD IS NON-TRANSFERRABLE.

Signature _____

PARENT/GUARDIAN OF MINOR APPLICANT

Signature of Parent/Guardian (if under 18) _____

DVD/VIDEO GAME ACCESS

☐ My child IS permitted to borrow DVDs/video games regardless of rating.

☐ My child IS NOT permitted to borrow DVDs/videogames.

STAFF USE:

Issuing Library _____ Staff Person _____

ID Used _____ Patron Type _____

Municipality _____ Barcode # _____