

## **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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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/video games.

STAFF USE:

Issuing Library \_\_\_\_\_

Staff Person \_\_\_\_\_

ID Used \_\_\_\_\_

Patron Type \_\_\_\_\_

Municipality \_\_\_\_\_

Barcode # \_\_\_\_\_