



**Senior
Outreach
Home Delivery
Application**

Print Full Name: _____

Date of Birth: _____

Address for Delivery: _____

City: _____

State & Zip Code: _____

Township AND County: _____

Phone Number: _____

Do you have a Kitchigami Library Card?

_____ Yes _____ No

If so, what is the library card number (located on the back of the card)

Do you know someone who may be willing to bring you materials and return them to the library?

_____ Yes _____ No

If so, may we have the name and phone number of the person?

Check all that applies:

Are you unable to visit the library

because of:

- Illness
- Visual Impairment
- Disability
- Lack of Transportation
- Other _____

How long will you need service?

- 2 - 6 months
- Up to 12 months
- Winter only
- Ongoing

Do you prefer to read:

- Regular Print
- Large Print
- Hardbound
- Paperback

Do you prefer videos:

- VHS
- DVD

Do you prefer audio books on:

- Cassette tape
- Compact disk
- MP3
- Playaway (digital player)

To help us choose materials for you, please tell us some of your favorite authors, titles, or subjects.

Responsibility for materials borrowed rest with the person whose signature appears on this application and not with the library system or its staff.

In applying for the privilege of borrowing materials from the Kitchigami Regional Library, all the rules and regulations will be observed.

Participants must inform the library of any changes in phone number, address, or status.

A reading list will be kept on hand with the library system to avoid duplication of materials being sent

Signature of Applicant

Date