



# APPLICATION for Homebound Outreach Program

**Please Print Clearly**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address: \_\_\_\_\_  
(Street) (City) (State)  
(ZIP Code)

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Library Card #: 10084 \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Participants in HOP must be 18 or older. (mm/dd/yyyy)

*Emergency Contact if you cannot be reached: Phone: \_\_\_\_\_*

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Is there anyone else in your household and/or nearby family/friends who have the ability to accept delivery on your behalf? No \_\_\_\_\_ If Yes, please give their

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

**Certification:**

I understand that the Homebound Outreach Program is a free service provided as a courtesy to Smithton Public Library District patrons. I certify that the information contained in this application is true to the best of my knowledge. I will inform the Library of any change in circumstances or conditions that may impact my ability to participate in the program. I understand that the Library retains the right to suspend or discontinue my participation in this service as determined by factors including but not limited to the condition of materials upon their return, changes in health or circumstances that impact my ability to receive Library service(s), and inability to contact me. I affirm I have read/received a copy of the HOP patron requirements.

\_\_\_\_\_  
Signature Date

