

APPLICATION for Homebound Outreach Program

Please Print Clearly Name: Last Middle Initial First Home Address:_ ZIP Code Street City State Phone: () Alternate Phone: (Library Card #: 1008400 __ Date of Birth: Participants in HOP must be 18 or older. (mm/dd/yyyy) Preferred Delivery Day*: (Please circle one): TUESDAY THURSDAY *Delivery day is subject to availability of staff to deliver materials.

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 circumstances that impact my ability to receive Library service(s), and/or inability to contact me. I affirm I have read and received a copy of the Homebound Outreach Program Patron Requirements.

Signature	Date