Big Rapids Community Library

Big Rapids Library Card Request &

Homebound Program Application

Policy: The Big Rapids Community Library provides library services to the residents of Big Rapids City and Big Rapids Township. Trained volunteers visit homebound residents monthly to deliver and pick up materials. Library staff make library selections based on customer preferences, as indicated below.

Name: _____

Phone Number: _____

Resident Location: _____ Room #_____

Emergency contact: Name_____ Phone _____

Favorite Author/book title: _____

Authors or topics to <u>avoid</u> : _____

Choose as many as you would like!

Format:

☐ Regular Print

☐ Large Print

Genre:

☐ Espionage/Spy
☐ New on the shelf
☐ Non-Fiction
☐ Historical
☐ Fantasy
☐ Surprise me!
☐ Horror
☐ Mystery/Suspense
☐ Romance
☐ Science Fiction

I would be interested in:

⬭ Joining a book club
⬭ Learning how to use my cell phone
⬭ How to use a kindle
⬭ How to use the library website

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By my signature below, I hereby agree to hold harmless and release the Big Rapids Community Library, its officers, agents, employees, and representatives from any loss, liability, claim, suit, or judgment that may arise of or in conjunction with the Homebound Library Program.

I understand that the dedicated library staff will carefully select materials for my use, check them out to me for a four-week loan period, and that the library will arrange to have a reliable volunteer deliver the materials to my residence on a scheduled basis. *I agree that I will have those materials ready for pick up by the volunteer on the pre-arranged date.*

Further, I understand that the volunteer assigned will be available only for scheduled visits to deliver books. They will not assist with activities of daily living or advice on financial of personal matters.

I understand that the library staff supervises the program and that any problems or conflicts with the volunteer must be reported to the staff. I also understand that I may become ineligible for this program if I do not follow the guidelines.

_____ I give the Big Rapids Community Library permission to keep a list of materials I have borrowed to avoid duplication. I understand that library records are confidential and will not be released to anyone other than the borrower.

_____ _____

Signature **Date**

Library Card #_____

Check or circle how many books would you like to receive per month:

1____ 2___ 3____4_____

Is there a special suggestion or request that you'd like to share with us?

_____

_____

_____

Staff Initials _____ 6/26