

HOMEBOUND SERVICE APPLICATION



Name (last, first, middle) _____

Address (street, apt no.) _____ City _____ Zip _____

Phone (area code) (____) _____ E-mail _____

Birthdate (mm/dd/yyyy) __/__/____

Emergency Contact:

Name _____ Relation _____ Phone (____) _____

Length of time service is needed:

Permanent [] Other: _____

Best day and time for delivery: _____

Special needs/instruction: _____

Library Card No. _____ Need a library card []

What was your favorite book? _____

Who is your favorite author? _____

Particular interest: _____



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Confidentiality Statement:

Customers of the Pueblo City-County Library District are able to read, view and listen to whatever they choose and have that information kept confidential. Pueblo City-County Libraries have policies in place to keep only enough customer information that is necessary to do business.

I understand that volunteers of the Homebound Program may document and retain a record of the books/materials that have been checked out for the purpose of avoiding duplication. Customer confidentiality is protected by the Colorado State Statute (24-90-119) entitled: Privacy of User Records. In certain circumstances, this may be superseded by the Federal Patriot Act.

I have read and understand the Homebound Policy/agreement and in case of loss or damage, I assume financial responsibility for the library materials I receive.

Signature: _____ Date: _____

Office Use Only:

Date received _____ Initials _____

Entered in Database [] Date _____ Initials _____

Volunteer assigned: _____

