

### **At Home Library Service Policy**

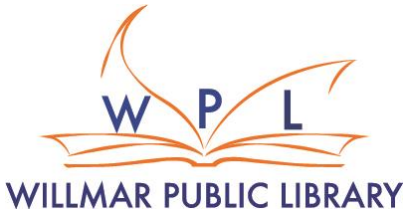
The Willmar Public Library offers materials delivery service to patrons who are valid library cardholders, are unable to come to the Library for a minimum of 30 days due to a temporary or permanent disabling condition, and reside within the city limits of Willmar MN. Eligible patrons may complete an At Home Services application form and submit it to the Willmar Public Library for approval.

Upon approval, delivery will be scheduled at the mutual convenience of staff and patron, generally once per month. Materials will be delivered to the door, and no inside deliveries will be made. All library materials are available for home delivery except items with active holds. All library policies, including fees and limits, apply to those receiving home library services; however, overdue fines will not be assessed when overdues occur because of the delivery schedule or because of events beyond the control of the home library services patron.

Materials will be checked out on the card of the person receiving the service. The Home Library Services Coordinator will maintain a record of all items checked out by a h patron for purposes of selecting materials for that person. Staff assisting the coordinator may also have access to this record.

Home delivery service will terminate when the eligibility requirements are no longer met or at the request of the patron, patron's parent or legal guardian, or an individual with power of attorney to act on behalf of the patron.

## Willmar Public Library At Home Services Application



### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

☐ I have a library card. My number is: \_\_\_\_\_

☐ I don't have a library card yet. Please contact me about getting one.

### Alternate Contact Person

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized to get information about account? ☐ Yes ☐ No

### Eligibility Criteria

Are you unable to pick up materials at the library due to a disability or a health or mobility challenge?

☐ Yes ☐ No

I have read and understand the At Home Library Services Policy. I understand that I am responsible for all materials delivered to me through this program.

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Signature of participant

Date

\*Please fill out your reading interests on the back of this form.

## Reading Interests

Check all that apply

### Favorite Genres

Fiction

- ☐ Literary Fiction
- ☐ Romance
- ☐ Mystery
- ☐ Science Fiction
- ☐ Westerns
- ☐ Historical Fiction
- ☐ Inspirational/Religious
- ☐ Other \_\_\_\_\_

Nonfiction

- ☐ Biographies
- ☐ History
- ☐ Travel
- ☐ Self Help
- ☐ Cook books
- ☐ Other \_\_\_\_\_

### Favorite

Authors/Books \_\_\_\_\_

\_\_\_\_\_

Authors/Books you don't  
like \_\_\_\_\_

### Preferred Formats

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Large Print      | <input type="checkbox"/> DVDs      |
| <input type="checkbox"/> Regular Print    | <input type="checkbox"/> Music CDs |
| <input type="checkbox"/> Paperback        |                                    |
| <input type="checkbox"/> Audiobooks on CD |                                    |
| <input type="checkbox"/> Magazines        |                                    |