

Home Delivery Release Form:

I am interested in Friday Memorial Library's Home Delivery service. I understand that this application is subject to approval by library staff regarding eligibility for Home Delivery and that approval will allow staff to provide this service. By my signature below, I hereby agree to hold harmless and release Friday Memorial Library and their representatives from any loss, liability, claim, suit or judgment that may arise out of or in conjunction with the Home Delivery service.

- In order to receive approval of the application, I will set up a library card with Friday Memorial Library with the understanding that I am responsible for damage, or loss of library materials charged to this library card.*
- I understand that the library staff will select materials for my use, checked out to me for a designated loan period, and that the library will arrange to have a volunteer deliver the materials to my home on a scheduled basis.*
- Further, I understand that the volunteer assigned will be available only for scheduled visits to discuss library selections and delivery of materials. They will not provide assistance with activities of daily living or advice on financial or personal matters.*
- I understand that the program is supervised by the library staff and that any problems or conflicts with the staff or volunteer are to be reported to the Library Director. I also understand that I may become ineligible for this program if I do not abide by the guidelines set forth.*
- I will provide safe conditions and environment for any library staff or representatives delivering to my home.*

Signature _____

Date _____

Office Use Only

Date of Application: _____

Approved: Yes
 No, state reason _____

Contacted: Yes First Visit Scheduled _____

Volunteer Assigned _____

Scheduled Delivery _____

Library Card number _____

Home Delivery Application

Friday Memorial Library offers free Home Delivery Services for New Richmond area residents who are unable to get to the Library due to illness, disability or transportation limitations.

Application Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Emergency Contact Information:

Name _____

Phone _____

Relationship _____

Reason for Home Delivery request:

- Illness (short-term)
- Disability
- Transportation

How long do you anticipate needing services?

- 2-6 Months
- Ongoing
- Winter Only