



Public Library
Service

Application for Home Library Service

Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be only for the purpose of providing library services. Questions regarding the collection and use of this information can be directed to the Freedom of Information and Privacy Coordinator for the Department of Tourism and Culture at 902-368-6628.

Prince Edward Island Public Library Service

PO Box 7500, Morell, PE C0A 1S0

Phone 961-7320

www.library.pe.ca

PLEASE PRINT:

Date:		Branch:	
Name:		Phone:	
Address:		City:	Postal Code:
Email:			
PEI Public Library Service Card Number: 23392 00 _____			
Please give the name of a person to contact if you cannot be reached for an extended period:			
Name:			
Phone:		Relation:	

Indicate the primary reason you would need this service:

- Physical Disability
- Chronic Illness
- Visual Impairment
- Restricted Mobility
- Recovery from surgery or illness lasting 8 weeks or longer
- Other (Please explain):

I understand by signing this agreement that:

1. I authorize P.E.I. Public Library Service staff to select and check out materials on my behalf.
2. I am responsible for the safe return of all borrowed items on their due date.
3. A fee will be charged to replace any lost or damaged materials.
4. Changes of address/phone number must be reported to the Home Library Service staff.
5. A volunteer will deliver the materials on a scheduled basis and they will not provide assistance with activities of daily living.
6. I may become ineligible for this program if I do not abide by the guidelines set forth.

Signature of Applicant/Caregiver

Date

FOR STAFF USE ONLY:	
Applicant contacted: _____	Initials: _____

