



Home Service Application
All Information is Confidential

PLEASE PRINT

Name: _____ Today's Date: _____

Address: _____, Broomfield, Zip Code: _____

Group Residence Name (if applicable): _____

Phone: _____

E-mail: _____

Date of Birth: _____

ACKNOWLEDGEMENT OF PROGRAM ELIGIBILITY

Home Service delivery is available to Broomfield residents who are physically unable to come to Broomfield Library because of mobility-related issues, disability, or illness. It is supported by Broomfield Library volunteers and is offered based on volunteer availability. To be eligible for the program, individuals must meet the following criteria. Please check those that apply to you:

_____ I live in the City and County of Broomfield

_____ I am physically unable to get to the library because of illness, disability, or mobility-related issues.

Medical Referral

Please have your provider check off the reason why the service is needed and sign the line below stating that you are in need of the service.

Reason(s) service is needed (check all that apply)

- Mobility-related issues
Short-term illness or injury/disability (up to 6 months)
End date for service:
Long-term illness or injury/disability (over 6 months)
End date for service:
Permanent illness or injury/disability

Medical Provider's Name: _____

Medical Provider's Signature: _____ Date: _____



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LIBRARY CARD INFORMATION

Do you have a Broomfield Library card? If you do not have a library card, one will be provided to you at your first delivery.

- Yes
- No

Would you like to opt-in to turn on your reading history (a list of books you have checked out) on your library account? This can prevent volunteers from choosing items you have already read/watched/listened to.

- Yes
- No

DELIVERY INFORMATION

Are you able to meet our volunteers at your door or do you need assistance carrying items into your home?

- I am able to meet the volunteer at my door.
- I need assistance carrying items into my home.

How did you hear about the program?

- Someone at Senior Services told me.
- Someone at the library told me.
- I saw the flyer in the Meals on Wheels welcome packet.
- Other: _____



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Expectations of Program Participants: Please initial each expectation, read the waiver, and sign your name at the bottom.

_____ I will treat the volunteer assigned to me with respect and kindness.

_____ I will not ask the volunteer for help with any non-library related tasks.

_____ I will not ask the volunteer to search my space for items that need to be returned.

_____ I will have items that need to be returned packaged and ready to be picked-up.

_____ I understand that if I do not like any of the materials selected for me, I will have to wait until the next delivery date for a new batch of materials.

_____ I understand that I will not be charged for items that are overdue.

_____ I understand that I will be charged for items that are lost or damaged and that I am expected to pay the fines on my account.

_____ If I have too many items that are lost or damaged, I understand that the Home Service may be discontinued.

_____ I understand that the delivery service is for those who are physically unable to come to the library and I acknowledge that I meet the criteria for eligibility.

_____ If I have any questions about the service or need to pause/discontinue the service, I will contact the Coordinator.

Waiver

I hereby request placement in Broomfield Library's Home Service program. I understand that misinformation or failure to adhere to the expectations of the program could result in discontinuation of the Home Service program. I hereby release, exempt, hold harmless, and discharge the City and County of Broomfield, its officers, employees, volunteers and agents (collectively referred to as Broomfield) from any and all claims, demands, actions, damages and liability, including any claims of personal injury and property damages arising from the services provided to me by Broomfield through the Home Service program, whether or not caused by the act, omissions, negligence, or other fault of Broomfield, or by other cause. I also understand that the volunteer assigned to me will have limited access to my personal information including contact information and reading history.

Printed Name: _____

Signature: _____ Date: _____



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Reading Preferences Profile

Genres that I like (please check all that apply):

- Mystery
Thriller
Political/Spy
Cozy
Romance
Historical Romance
Contemporary Romance
Fantasy
Science Fiction
Inspirational/Christian
Literary Fiction
Classics
Bestsellers
Short Stories
Historical Fiction
What era of historical fiction?:
Non-Fiction
History - What era of history?
Biographies
Other:
Poetry
Other:

Formats of materials (please check all that apply):

- Regular Print
Large Print
Audiobooks
DVDs (limit of 5 DVDs per visit)

Who are some of your favorite authors, books, and movies?

Two horizontal lines for writing answers.

Please describe what kind of books/movies you do not like:

Two horizontal lines for writing answers.