Sausalito Library Homebound Delivery Program

For Sausalito residents who are unable to visit the library on their own

PATRON APPLICATION

Patron's name_____ _____ **Male / Female**

Address_____

_____

Phone _____ **Birth date**_____

Email_____

Do you use the Internet to access the library? Yes / No

Alternate contact and relationship to patron_____

_____

Contact's phone_____

Do you have a library card? Yes / No Card number_____

Do you have a disability that prevents you from coming to the library? Yes / No

Please indicate the days and times that you would prefer a volunteer to deliver materials. General preferences like "afternoons only " would be fine :

_____

Is there anything about your house the volunteer should know (stairs, locked gates, cigarette smoke,etc.)?_____

_____

How did you hear about this program?_____

_____

Library Staff Signature_____ **Date**_____

Attention: Augie Webb
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