

Application Form to Recieve Home Services

Residents of the Town of Cobourg or Hamilton Township who are homebound permanently or temporarily (for periods in excess of three months) due to physical limitations, illness or accident and are unable to travel to any branch of the library are eligible to apply for home services.

Please Print Clearly

Do you already have a Cobourg Public Library card? No Yes Card # _____

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____
Number Street Apt. # Town Postal Code

Street Address: _____

(if different from above) 911 # ; Lot and Concession ; Apt. or Unit # ; Street ; Town

Home Phone: _____ Fax: _____ Email: _____

Gender: Male Female

Age: 0-10 years 11-19 years 20-35 years 36-50 years 51-65 years over age 65

Emergency contact name: _____ Phone: _____

Identification Type: _____ Number: _____

I am applying for home services due to: Physical limitation Illness Accident

Closest Branch Library: Town of Cobourg Gore's Landing Bewdley

Format of materials required:

Regular print Large Print Either Hardcover Paperback Either

Periodicals Videocassettes CDs DVDs Talking Books CNIB

Do you have a membership for CNIB? No Yes Card# _____

Material Preferences:

FICTION General Romance Mystery Science Fiction Western

Favourite authors and/or subjects:

NON-FICTION Crafts Cooking Sports Gardening History Other

Videos DVDs Talking Books Large Print Children's Junior Young Adult

Preferred day of service (visits will occur once every four weeks):

Day of Week _____ Morning Afternoon

How many items would you like per visit? _____

In order to avoid duplication of the same material, records will be maintained indicating title/author of material that was loaned. Do you wish to opt out of having records maintained of your borrowing history?

No Yes

Terms and conditions of membership:

- The Cobourg Public Library reserves the right to revoke Library memberships at any time
- Library cards are renewed annually. All outstanding charges must be cleared at that time.
- Information obtained on this form is confidential. The Library may use membership information (for Library business only) unless otherwise advised by Library patron at the time membership is taken out.

Your signature on this form confirms:

- Acceptance of the conditions of this application
- The accuracy of the information provided in this form

Your signature also indicates your agreement of the following:

- To follow the rules of the Cobourg Public Library Board
- To inform the Library if you have an address or telephone number change, or if your card is lost or stolen
- To be responsible for all material borrowed on your card and understand that fees will be applied for any lost and/or damaged materials

Signature: _____ Date: _____

Forms may be emailed to: homeservices@cobourg.library.on.ca
or mailed to:
Cobourg Public Library - C. Gordon King Centre
200 Ontario Street,
Cobourg, Ontario
K9A 5P4