

PLEASE CHECK OFF ALL YOUR INTERESTS

**Subject/Genre Fiction:**

- Mystery
- Western
- Romance
- Sci Fi
- Suspense/Drama
- Historical

**Subject/Genre Non-Fiction:**

- Biographies
- Crafts
- Computers/Technology
- Cookbooks
- Gardening
- Entertainment
- Poetry/Fine Arts
- Sports
- Travel

**Media Type:**

- Regular Print
- Large Print
- Hardcover
- Paperback
- Audiobooks
- Youth Materials

List some of your favorite authors:

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Do you have any special interests?

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North Smithfield Public Library  
 20 Main Street/P.O. Box 950  
 Slatersville, RI 02876  
 401-767-2780

BOOKS TO  
YOUR DOOR

HOMEBOUND  
DELIVERY SERVICE



NORTH SMITHFIELD  
PUBLIC LIBRARY

**nspl.info**

**401-767-2780**  
**401-767-2780**

Can't get to the library?  
Our Homebound Delivery  
Service will bring library  
materials to you!

NSPL offers homebound  
services for North Smithfield  
patrons of all ages who are  
permanently or temporarily  
homebound or unable to drive  
because of illness or injury.

A volunteer driver will deliver  
and pick up the following items  
to you every three weeks:

- Books (regular or lg print)
- Audiobooks
- Playaways

You will need to fill out an  
application. After that, we will  
deliver your first book bag and  
check with you before the next  
delivery to see if there are any  
renewals or anything special  
you would like to request.

This is a free service!

Any questions, please call  
Charlotte Boisclair,  
Reference Librarian at  
767-2780 or email nsmref-  
erence@gmail.com

Books to Your Door  
Homebound Delivery Service Application

Yes, I am interested in North Smithfield Public Library's Homebound Delivery Service. I understand that this application is subject to approval by library staff regarding eligibility for Homebound Delivery Service and that approval will allow volunteers to provide said services. Upon approval of the application, North Smithfield Public Library will provide a library card for me with the understanding that I am responsible for damage, or loss of library materials will be charged to this library card.

Date of Application: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Emergency Contact Person:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Reason for Service Request:**

- Medical \_\_\_\_\_
- Transportation \_\_\_\_\_
- Other; Please explain \_\_\_\_\_  
\_\_\_\_\_