

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:

Do you have any special interests?

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

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
nsmreference@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 _____
