

Library items can be delivered to Shire of Carnarvon residents who, due to physical challenges or illness are unable to visit the library in person. There is another option for carers or family members to collect from the library items selected by library staff on behalf of housebound members. Live-in carers may also be eligible to receive items. The service operates every three weeks and is currently limited to within Carnarvon Town boundaries. For more information about our Homebound Service, please email library.staff@carnarvon.wa.gov.au or call us on 9941 3727.

Please complete the application form and brief reader profile overleaf. Our staff will contact you once your application is approved. If you are not currently a library member, you will be required to join before the service can commence.

Homebound Delivery Service Application

Yes, I am interested in Carnarvon Public Library's Homebound Services. I understand that this application is subject to approval by library staff regarding eligibility and that approval will allow staff/volunteers to provide the said service.

Applicant Information:

Name _____
Delivery Address _____

Postal Address _____
Phone (H) _____ (Mobile) _____
DOB _____

Emergency Contact Person

Name _____
Address _____

Phone (H) _____ (Mobile) _____

Reason for Service Request

Any special instructions

Upon approval of the application, Carnarvon Public Library will issue me with a library membership card (if I do not currently have one) with the understanding that I agree to abide by the terms and conditions of the membership.

Signed _____ Date _____

Reading/Audio/DVD Preferences (Limited to 10 items of which four can be audio books or DVDs)			
FICTION REGULAR PRINT <input type="checkbox"/> LARGE PRINT ONLY <input type="checkbox"/>	NON FICTION REGULAR PRINT <input type="checkbox"/> LARGE PRINT ONLY <input type="checkbox"/>	DVD'S	AUDIO BOOKS
<u>SUBJECT/GENRE</u> Mystery <input type="checkbox"/> Romance <input type="checkbox"/> Thriller <input type="checkbox"/> Adventure <input type="checkbox"/> Historical <input type="checkbox"/> War <input type="checkbox"/> Relationship <input type="checkbox"/> Family <input type="checkbox"/> Comedy <input type="checkbox"/> Favourite Authors: TOTAL _____	Please indicate your particular interests/requests below: TOTAL _____	 TOTAL _____	<u>SUBJECT/GENRE</u> Mystery <input type="checkbox"/> Romance <input type="checkbox"/> Thriller <input type="checkbox"/> Adventure <input type="checkbox"/> Historical <input type="checkbox"/> War <input type="checkbox"/> Relationship <input type="checkbox"/> Family <input type="checkbox"/> Comedy <input type="checkbox"/> TOTAL _____

Office Use Only

Date Received _____

Approved by: _____ Date: _____

Contacted by: _____ Date: _____

First Delivery Date _____

Library Card No: _____