

# Acknowledgement of conditions of borrowing

I agree, as applicant/guarantor\* to accept responsibility for library materials borrowed in my name/in the name of

\_\_\_\_\_ and pay any charges incurred.

## \*Guarantor contact details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact no. \_\_\_\_\_

Relationship to Outreach customer

\_\_\_\_\_

I accept responsibility for providing information on how to contact this applicant, and their status for ongoing Outreach service should their circumstances change.

Signed \_\_\_\_\_

Date \_\_\_\_\_



 8384 0655

[outreach@onkaparinga.sa.gov.au](mailto:outreach@onkaparinga.sa.gov.au)

PO Box 1  
Noarlunga Centre SA 5168



[onkaparingacity.com/libraries](http://onkaparingacity.com/libraries)

# Outreach services application



# City of Onkaparinga Libraries Outreach service criteria

Our libraries provide an outreach home delivery where items are delivered to a home or residential care facility on a monthly basis.

To be eligible we consider a number of factors, but as a general guide the applicant must reside in the City of Onkaparinga and have limited mobility through sickness, age or incapacity.

We are also able to assist with delivery of items if a visit to the Noarlunga library is possible but the customer is unable to carry items home.

In the case of temporary illness or disability the customer's needs will be reviewed periodically.

This service could not be provided without the support of our wonderful volunteers.



## Outreach service application

**Surname** \_\_\_\_\_

**Given name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Contact no.** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Reason for requiring outreach  
service**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Permanent**

**Temporary**

**If temporary, dates required**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Borrower no.** \_\_\_\_\_

**New borrower ID** \_\_\_\_\_

**Notes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Review date** \_\_\_\_\_