

**CHESTER COUNTY LIBRARY
& DISTRICT CENTER
AND HENRIETTA HANKIN BRANCH**



MAIL ORDER DELIVERY

Mail Order Delivery (M.O.D.) service provides a way for Chester County residents, who are experiencing serious health challenges, to receive library materials through the mail. There is no cost for this service. To be eligible for this service you must be homebound due to physical disability, visual impairment, chronic health conditions or other serious health issues or injury.

In this packet you will find:

Mail Order Delivery Information/Guidelines

M.O.D. forms

M.O.D. Patron Profile form

M.O.D. Request form

CC Library Card Application

To register for M.O.D. services just complete the enclosed forms and return them to the Chester County Library System Outreach Department. You should receive your first M.O.D. mailing within 10 business days of receipt of you completed forms.

Please feel free to contact the Outreach Department directly. Outreach staff is available Monday through Friday from 9:30 to 4:30 at 610-344-4220. Inquiries via email are also welcome at avarley@ccls.org.



Mail Order Delivery (M.O.D.) Guidelines

Mailings:

Each mailing of library materials will be in a CCL canvas mailing bag.

Returning Library Materials

When you are finished with your materials just place them back into the bag and turn the address card around. Place bag in the mail or give to your mailman.

Ongoing Mailings

Once your materials and request card arrive at the library a new selection of materials will be made for you.

Material will generally be checked out for four weeks.

If you prefer to receive library materials only as you request them please indicate this on the MOD Patron Profile form.

Requests

Please fill out the Request Card for MOD if you would like to make a specific request.

Chester Co. Library's catalog is available for browsing on our home page at www.ccls.org . Listings of the Outreach Audio/Large Type Book collections are available from the Adult Outreach Services Department.

Due to the nature of this service there may be restrictions on special materials or requests (i.e. interlibrary loan, software).

For further assistance contact:

Ann Varley 610-344-4220 450 Exton Square Parkway
Chester County Library avarley@ccls.org Exton PA 19341
Adult Outreach Services

M.O.D. PATRON PROFILE

NAME: _____

ADDRESS: _____

TELEPHONE# _____

E- MAIL ADDRESS _____

CHESTER CO. LIBRARY CARD# _____

HOW DID YOU LEARN OF THE M.O.D. SERVICE?

BRIEFLY NOTE WHY YOU ARE IN NEED OF LIBRARY SERVICES THROUGH THE MAIL: _____

___ CHECK HERE IF YOU ARE LEGALLY BLIND OR PHYSICALLY HANDICAPPED

WHICH FORMATS DO YOU WANT? IF CHECKING MORE THAN ONE MARK WHICH IS YOUR FIRST PREFERENCE.

___ BOOKS ON COMPACT DISC ___ PLAYAWAY

___ LARGE TYPE BOOKS ___ OTHER - PLEASE SPECIFY:

___ REGULAR TYPE BOOKS _____

READING INTERESTS: PLEASE PLACE A CHECK MARK NEXT TO THE TYPE OF BOOKS THAT YOU LIKE TO READ. CHECK AS MANY CATEGORIES AS YOU WISH. YOU CAN REQUEST SPECIFIC TITLES/AUTHORS AT ANY TIME. IF YOU DO NOT MAKE SPECIFIC REQUESTS FOR A MAILING, WE WILL CHOOSE BOOKS FOR YOU ACCORDING TO YOUR INTERESTS INDICATED BELOW.

	PLEASE SELECT MATERIALS FOR ME BASED ON MY READING INTERESTS (SEE READING INTEREST CHECKLIST BELOW). ALSO SEND SPECIFIC TITLE REQUESTS.
	OR
	PLEASE SEND ONLY MATERIALS REQUESTED BY ME (SEE REQUEST FORM ON NEXT PAGE).

READING INTERESTS

	FICTION. SPECIFY GENRES BELOW.															
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> ADVENTURE</td> <td style="width: 33%;"><input type="checkbox"/> SCIENCE FICTION</td> <td style="width: 33%;"><input type="checkbox"/> OTHER FICTION-PLEASE DESCRIBE</td> </tr> <tr> <td><input type="checkbox"/> CLASSICS</td> <td><input type="checkbox"/> SUSPENSE/THRILLER</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> HUMOR</td> <td><input type="checkbox"/> WESTERN</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> MYSTERY</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> ROMANCE</td> <td></td> <td>_____</td> </tr> </table>	<input type="checkbox"/> ADVENTURE	<input type="checkbox"/> SCIENCE FICTION	<input type="checkbox"/> OTHER FICTION-PLEASE DESCRIBE	<input type="checkbox"/> CLASSICS	<input type="checkbox"/> SUSPENSE/THRILLER	_____	<input type="checkbox"/> HUMOR	<input type="checkbox"/> WESTERN	_____	<input type="checkbox"/> MYSTERY		_____	<input type="checkbox"/> ROMANCE		_____
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<input type="checkbox"/> MYSTERY		_____														
<input type="checkbox"/> ROMANCE		_____														
	NON-FICTION															
	BIOGRAPHY															
	WHAT SUBJECTS?															
	WHO ARE YOUR FAVORITE AUTHORS?															

MAIL ORDER DELIVERY (M.O.D.) REQUEST LIST FOR: _____
name

FORMAT (circle one)

Book-On-CD Playaway Regular Type Large Type DVD

AUTHOR TITLE/S

IF SIGNING UP FOR A NEW LIBRARY CARD, CHOOSE ONE OPTION BELOW

_____ Please send my library card

_____ Please hold my library card in the Adult Outreach Dept., Chester County Library System

PLEASE RETURN COMPLETED FORMS TO:

CHESTER COUNTY LIBRARY
OUTREACH DEPARTMENT
450 EXTON SQUARE PARKWAY
EXTON, PA 19341-2496

CHESTER COUNTY LIBRARY SYSTEM LIBRARY- ADULT LIBRARY CARD APPLICATION

Valid ID Required (name & current address)

Out-of-County Resident Eligibility

If you work, own property, or attend school in Chester County, or have a PA Access Program library card, please provide the following information. Otherwise an out-of-County fee of up to \$20 may apply.

Employer/School/Property Address _____

City _____ State _____ Zip _____

ACCESS PA Card Library System _____ (enter barcode below)

Cardholder Information

Legal Name (Last) _____ (First) _____ (MI) _____

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ Municipality _____

Date of Birth ____/____/____ Email _____

Preferred Name (if different from above) _____

Email Options

CCLS member libraries or their affiliate partners (library foundations/trusts or Friends of Library) may send users information on our services, programs or requests to support the library. In connection with any library related fundraising, we may use and disclose your contact information to our affiliate partners. However, we will not disclose your borrowing information except as required by law.

I do not wish to receive information concerning CCLS services and fundraising requests from the library or affiliate partners (library foundation/trust or Friends of Library)

Confidentiality Options

Adult cardholders, age 18 or older, may add or remove a waiver of confidentiality for information on their library card account by completing this section of the application.

I request to: ADD REMOVE Permission to release the following information:

Current Borrowed Items Reserved Items All Account Details

On my library card account to the following persons:

Name _____ Name _____

Name _____ Name _____

Borrower Agreement

I accept full responsibility for the proper care and safe return of materials borrowed and for payment of all charges incurred for this account and I agree to abide by the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy.

Signature _____ **Date** ____/____/____

Staff Use Only

ID: Driver's License Mail/Bill Other _____

Library Card Barcode _____ Staff Initials _____ Library _____