

Jasper Public Library/Dubois County Contractual Library

Nursing Home Resident/Homebound Individual Library Card Application

Resident Name/Individual: _____
Last First M.I.

Date of Birth: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

County Where You Live: _____ Dubois County Township: _____

Nursing Home (if applicable): _____

I would like to receive notifications of Late Items/Arrived Holds by (**SELECT ONE**)

US Mail: _____ E-mail: _____ or Text Message: _____

If selecting email, please write it here: _____

If selecting text message, please provide name of phone carrier: _____

(Example: Verizon, Cricket, etc.)

If you wish to give permission to an individual(s) to check out items for you or pick up your holds, please list their information below.

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

By signing this form, you agree to observe all rules, including computer/internet usage, established by the library. I will be responsible for all materials borrowed on my library card. I agree to pay any fines or other charges imposed for late return of and/or damage to any library materials borrowed on my card, as well as all collection costs, including, but not limited to attorney fees and court filing fees. I acknowledge that this application has been signed in Dubois County, Indiana, and any legal action to recover fines or other charges will be initiated in Dubois County, regardless of my county or state of residence. I will notify the library of any changes to my address, phone, and/or email.

X _____ Please print name: _____
Patron Signature

The online system installed by the library allows a patron to keep a record of all items they have checked out. However, every patron needs to be aware that although the library makes every effort to protect your privacy, under the USA Patriot Act (Public Law 107-56) records of the materials you borrow from the library may be obtained by federal agents. This federal law prohibits library staff from informing you if federal agents have obtained records about you. If you wish to have this feature made available to you, please sign below.

Optional: I wish to have access to the patron history feature and understand the privacy implications.

X _____
Patron Signature

STAFF USE ONLY

Issuing Staff Initials: _____ Date Issued: _____

01/28/2025