



CHESTER COUNTY LIBRARY MAIL ORDER DELIVERY INFORMATION & APPLICATION PACKET

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 5:30 at 610-280-2644. Inquiries via email are also welcome at avarley@ccls.org.



Chester County Library System 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 Book & Large Type collections are also 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).

The MOD coordinator is also available by telephone or email to assist you with your requests.

 CHESTER COUNTY LIBRARY & DISTRICT CENTER Read • Connect • Discover	Ann Varley Outreach Services Chester County Library
	450 Exton Square Parkway Exton PA 19341 610.280.2644 avarley@ccls.org www.ccls.org
	610.280.2600 Library Main Number 610.280.2688 Fax

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.

___ AUDIO-CASSETTE BOOKS ___ PLAYAWAY

___ BOOKS ON COMPACT DISC

___ LARGE TYPE BOOKS

___ REGULAR TYPE BOOKS

___ OTHER - PLEASE SPECIFY: _____

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.

MAIL ORDER DELIVERY

	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 LIST FORM ON NEXT PAGE).

READING INTERESTS

	FICTION. SPECIFY GENRES BELOW.		
	<input type="checkbox"/> ADVENTURE <input type="checkbox"/> CLASSICS <input type="checkbox"/> HUMOR <input type="checkbox"/> MYSTERY <input type="checkbox"/> ROMANCE	<input type="checkbox"/> SCIENCE FICTION <input type="checkbox"/> SUSPENSE/THRILLER <input type="checkbox"/> WESTERN	<input type="checkbox"/> OTHER FICTION-PLEASE DESCRIBE <hr/> <hr/> <hr/> <hr/>
	NON-FICTION		
	BIOGRAPHY		
	WHAT SUBJECTS?		
	WHO ARE YOUR FAVORITE AUTHORS?		

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

PATRON NAME _____

FORMAT (circle one)

Book On Tape Book On CD Playaway Regular Type Large Type DVD

AUTHOR TITLE

1. _____

2. _____

3. _____

4.

5.

LIST ADDITIONAL REQUESTS BELOW:

CHESTER COUNTY LIBRARY SYSTEM CARD APPLICATION

PLEASE PRINT

Last Name _____

First Name _____ Middle Initial _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone _____ Municipality _____

E-Mail _____ (Library notices will be e-mailed to this address)

Birth Year _____ Gender (circle one) Male Female

I hereby take full responsibility for materials checked out on this card.
For children under 12, signature of PARENT/GUARDIAN is also required.

Signature _____ Date _____

<p><small>If you do not live in Pennsylvania but work or attend school in Chester County, please provide the following information. Otherwise an out-of-state fee of up to \$20.00 may apply.</small></p> <p>Employer/School Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p>
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CHOOSE ONE OPTION BELOW

_____ **Please send my library card**

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

PLEASE RETURN COMPLETED FORMS TO:

**CHESTER COUNTY LIBRARY
OUTREACH DEPARTMENT
450 EXTON SQUARE PARKWAY
EXTON, PA 19341-2486**

HOLDS PICK-UP SERVICE

IF YOU HAVE REQUESTED THAT YOUR LIBRARY CARD BE SENT TO YOU, THE FORM BELOW MUST ALSO BE COMPLETED. THIS COMPLETED AND SIGNED FORM WILL AUTHORIZE A SPOUSE, FAMILY MEMBERS AND/OR CAREGIVERS TO PICK BOOKS UP FOR YOU.

HOLDS PICK-UP SERVICE REQUEST

Please allow/do not allow (circle one) the following person(s) to pick-up my reserved items:

PLEASE PRINT _____

By submitting this request I agree to waive confidentiality of titles I have placed on reserve solely for the purpose of allowing the person(s) designated the ability to pick-up these items, without restriction, in my absence.

I further understand that it is my obligation to provide written notice to the Library of any subsequent change should I no longer authorize the person(s) designated to access or otherwise retrieve my reserved items.

Signature _____ Print Name _____ Date _____

STAFF USE ONLY

LIBRARY CARD
(BARCODE)
NUMBER –

Staff initials

I.D. SHOWN