

DONNELLY PUBLIC LIBRARY DISTRICT PATRON APPLICATION FORM

Patron No.: _____ Fee Paid: _____ (Nonresident: \$45/family, \$25/individual / volunteer)
Sign up date: _____ Enrolled by: _____

Identification and address verification provided:

Type: _____

Witness: _____

MDSB _____ Mt. Community School _____ Other _____

Last Name _____ First Name _____

Other Adults In Household: _____

Street Address _____

City, State, Zip _____

Mailing Address _____

City, State, Zip _____

Phone _____ Email _____

Family members to include on file:

Children 1 _____ Birthday _____

2 _____ Birthday _____

3 _____ Birthday _____

4 _____ Birthday _____

Is anyone in your household over 65 Y / N

Please initial and sign below.

____ I acknowledge that the Donnelly Public Library District will not deny or limit access information available via electronic resources. I acknowledge that parents must be responsible for providing guidance to their own children; it is not the role of library staff or volunteers. Unsupervised children who use the internet or check out library materials may be exposed to inappropriate or disturbing information and images. Parents are responsible to discuss the use of the internet with their children in relation to family values and boundaries and monitor their children's use.

____ I agree to be responsible for all items borrowed with the library account issued in the above name, including items borrowed with the library account by the others listed with or without my consent. I promise to comply with all library rules and policies both present and future, and to give prompt notice of change of address or unauthorized use of my library account.

___ I agree as a parent to be solely responsible for the items my child checks out from the Donnelly Public Library. I understand that Donnelly Public Library's size prohibits their ability to limit accessibility to grown-up library materials classified as "adult" from materials classified as "children." Upon entering the facility of Donnelly Public Library I understand that my child is entering an area designed for adults. My child checking material out is solely at my discretion as the parent.

Must select one:

_____ I will be present with my child at all times at the Donnelly Public Library.

_____ My child has my permission to be at the Donnelly Public Library without myself as the parent for programs, but may not check out any library materials including books, movies, tablets, etc...

_____ As the parent or guardian of _____, I recognize that the Donnelly Public Library contains "Adult Material." I hereby waive my right(s) to the provisions afforded me through HB710 and allow my child the right to check out materials without my being present. I understand that the librarians have not been afforded the opportunity to review every item in their inventory and therefore are not responsible for the content of items that my child may check out. I affirm that my signature on this clause permits my child to circulate materials that may or may not have "adult" themes.

_____ (date)

Parent Signature

Primary Account Holder Signature _____ Date _____