



**St. Charles Public Library**  
One South Sixth Avenue  
St. Charles IL 60174-2195  
630-584-0076 ■ FAX 630-584-9262  
[www.stcharleslibrary.org](http://www.stcharleslibrary.org)

## Special Borrowing Agreement for Facilities Serving Seniors

Facilities serving seniors in the St. Charles Library District are eligible to borrow materials for use at those locations through the Outreach Services Department. Each facility agrees to be responsible to the St. Charles Public Library District for all materials borrowed by the facility staff and residents. Materials are borrowed with the intention of enriching the lives of residents and are to remain at the facility for that purpose. The materials borrowed are not for the personal use of facility staff.

- One person at each facility is selected as the main contact with Outreach Services. Most facilities typically choose the activities director or life enrichment coordinator to act in this role.
- Materials will be delivered to the facility by Outreach Services staff on a prearranged and mutually agreeable schedule.
- If materials are needed in between scheduled deliveries, the facility's main contact may call the Outreach Services Department to request materials. Outreach Services can coordinate redelivery, mail items to the facility, or arrange for a facility staff member to pick up items at the Circulation Desk.
- Books, CDs, audiobooks, nonfiction DVDs, and most other materials have a 56 day checkout period. DVDs have a 28 day checkout period.
- Materials are to be returned on time or may be renewed a maximum of 4 times if eligible for renewal. Outreach Services evaluates fees for lost and damaged items on a case by case basis.
- It is the responsibility of the facility to notify Outreach Services of any changes in management, main contact person, and any changes to the contact information below.
- Outreach Services must be notified when a resident is leaving the facility so arrangements can be made to pick up materials.
- Either party may cancel this agreement through written notification.

Facility Name: \_\_\_\_\_ Main Contact: \_\_\_\_\_  
Main Contact's Phone Number: \_\_\_\_\_ Main Contact's Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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