

North Madison County Public Library's Homebound Delivery Services Application

Yes, I am interested in North Madison County Public Library's homebound delivery services. I understand this application is subject to approval by library staff regarding eligibility for Homebound Delivery Services and approval will allow staff and/or volunteers to provide said services. Upon approval of the application, North Madison County Public library will provide a library card for me with the understanding that I am responsible for damage or loss of library materials charged to this library card.

Applicant Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

Contact Person/Facility Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

Reason For Service Request:

_____ Medical

_____ Non-driver status

_____ Other; Please explain

Please supply a family member or friend other than stated above who could be used as a reference. **Name:** _____ **Phone:** _____

Office Use Only:

Approval _____ Contacted _____ Denied _____ Reason _____

Scheduled Delivery: _____

Library Card#: _____

First Visitation: _____ Survey Completed: _____

<u>Media Type:</u>	<u>Subject/Genre Fiction:</u>	<u>Subject Non-Fiction:</u>
<input type="checkbox"/> Regular Print	<input type="checkbox"/> Mystery	<input type="checkbox"/> Biographies
<input type="checkbox"/> Large Print	<input type="checkbox"/> Western	<input type="checkbox"/> Philosophy/Religion
<input type="checkbox"/> Hard Back	<input type="checkbox"/> Romance	<input type="checkbox"/> Business/Economics
<input type="checkbox"/> Paperback	<input type="checkbox"/> Sci-Fi	<input type="checkbox"/> Career/Job Training
<input type="checkbox"/> Audio Books	<input type="checkbox"/> Christian	<input type="checkbox"/> Computers/Technology
<input type="checkbox"/> DVD	<input type="checkbox"/> Suspense	<input type="checkbox"/> Health/Medical
<input type="checkbox"/> Music CD	<input type="checkbox"/> Thriller	<input type="checkbox"/> Government/Politics
<input type="checkbox"/> Magazines	<input type="checkbox"/> Animal	<input type="checkbox"/> Homemaking/Cookbooks
<input type="checkbox"/> Youth Materials	<input type="checkbox"/> Classics	<input type="checkbox"/> Gardening/Nature
	<input type="checkbox"/> Adventure	<input type="checkbox"/> Humor/Entertainment
	<input type="checkbox"/> Historical	<input type="checkbox"/> Poetry/Fine Arts
	<input type="checkbox"/> Fantasy	<input type="checkbox"/> History
		<input type="checkbox"/> Travel/Adventure
		<input type="checkbox"/> Sports/Recreation
		<input type="checkbox"/> Psychology/Self Help

List some favorite authors/series and the last year you read of that author/series.

What are your hobbies, interests and skills: _____

What is your employment background: _____

Waiver: I recognize that the North Madison County Public Library homebound delivery service will only use confidential library records for the purposes of selecting materials in order to supply a continually new and pertinent selection of reading materials.

Signed _____ Date _____