

Homebound Library Service Application

Yes, I am interested in Wells County Public Library's Homebound Services. I understand that this application is subject to approval by library staff regarding eligibility for Homebound Delivery and Pick Up services and that approval will allow staff/volunteers to provide said services. Upon approval of the application, Well County Public Library will provide a library card (if you do not currently have one) for me with the understanding that I am responsible for damage, or loss of library materials charged to the library card.

Signed _____ **Date** _____

Applicant Information:

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
DOB _____

Contact Person / Facility Information:

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Relationship _____

Reason for Service Request:

Medical _____ Transportation _____

Other; Please explain _____

Do you have family members who could deliver materials to you? _____

If yes, who? _____

Please supply a family member or friend other than stated above who could be used as a reference.

Name _____ Phone _____

Office Use Only

Date Received _____

Approved _____ Contacted _____

Denied _____ Reason _____

Scheduled Delivery _____

Library Card # _____

First Visitation _____ Survey Completed _____

Area of Town (circle one) North South East West Other _____

Delivery Day (rank preference) Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Pickup ___

Homebound Services Personal Preferences Survey: Select your media type preference(s) and mark as many subjects/genres that you would enjoy having.

Media Type:	Subject/Genre Fiction:	Subject/Genre Non-Fiction:	
◇ Regular Print	◇ Christian	◇ Biographies	◇ Business/Economics
◇ Large Print	◇ Mystery	◇ Poetry/Fine Arts	◇ Computer/Technology
◇ Hard Back	◇ Western	◇ Folklore/Fairy Tales	◇ Health/Medical
◇ Paperback	◇ Romance	◇ Homemaking/ Cookbooks	◇ Government/Politics
◇ Books on CD	◇ Sci-Fi	◇ Science/Gardening/ Nature	◇ Career/Job Training
◇ Books on Cassette	◇ Religious	◇ Humor/Entertainment	
	◇ Suspense/Drama	◇ Travel/Adventure	
	◇ Thriller	◇ Sports/Recreation	
	◇ Animal	◇ Psychology/Sociology/ Self Help	
	◇ Classics	◇ History/Local/War	
	◇ Adventure	◇ Philosophy/Religion	
	◇ Family Sagas		
	◇ Pioneering		
	◇ Historical		
	◇ Best Sellers		
	◇ Short Stories		

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

Do you object to sexual content, violence or foul language in your library materials? _____

What are your hobbies, interests, and skills? _____

What is your employment background? _____

Waiver: I recognize that Wells County Public Library Homebound Service will uphold Indiana Codified Law 5-14-3 (as explained in WCPL Library Policy page 27) regarding confidential public library records. However, my patron records may be utilized for the purpose of selecting materials in order to supply a continually new and pertinent selection of reading/listening materials.

Signed _____ **Date** _____