



Homebound Delivery Application

Preference Form

Favorite Authors/Series

Hobbies/Interests

Favorite TV shows

I do not wish to receive books that contain:

- Strong language
- Violence
- Explicit description of sex

Check the material type preferred and list the number of items per visit.

**Limit of 4 books per visit with a total of limit of 10 library materials.*

- | | |
|--|--|
| <input type="checkbox"/> Regular Print _____ | <input type="checkbox"/> DVD Movies _____ |
| <input type="checkbox"/> Large Print _____ | <input type="checkbox"/> Music CD _____ |
| <input type="checkbox"/> Hard Back _____ | <input type="checkbox"/> Magazines _____ |
| <input type="checkbox"/> Paperback _____ | <input type="checkbox"/> Young Adult Materials _____ |
| <input type="checkbox"/> Books on CD _____ | |

Check the subject/genre type preferred for fiction materials and the subject areas for non fiction preferred.

Subject/Genre Fiction

- Mystery
- Western
- Romance
- Sci-Fi
- Inspirational
- Suspense/Drama
- Thriller
- Animal
- Classics
- Adventure
- Family Sagas
- Pioneering
- Historical
- Best Sellers
- Short Stories
- Local Interest

Subject Non Fiction

- Biographies
- Business/Economics
- Career/Job Training
- Health/Medical
- Government/Politics
- Homemaking/Cookbooks
- Science/Gardening/Nature
- Humor/Entertainment
- Poetry/Fine Arts
- Folklore/Fairy Tales/Occult
- Travel/Adventure
- Sports/Recreation
- Psychology/Sociology/Self-Help
- History/Local/War
- Philosophy/Religion
- Computers/Technology

***We can bring
Friday Memorial Library
to you!***



Homebound Delivery Release Form:

I am interested in Friday Memorial Library's Homebound Delivery. I understand that this application is subject to approval by library staff regarding eligibility for Homebound Delivery and that approval will allow staff and the Friends of Friday Memorial Library to provide said services. By my signature below, I hereby agree to hold harmless and release Friday Memorial Library and their representatives from any loss, liability, claim, suit or judgment that may arise out of or in conjunction with the Homebound Delivery service.

- *Upon approval of the application, Friday Memorial Library will provide a library card, if needed, for me with the understanding that I am responsible for damage, or loss of library materials charged to this library card.*
- *I understand that the library staff will select materials for my use, check the materials out to me for my use, check the materials out to me for a designated loan period, and that the library will arrange to have a volunteer deliver the materials to my home on a scheduled basis.*
- *Further, I understand that the volunteer assigned will be available only for scheduled visits to discuss reading selections and delivery of books. They will not provide assistance with activities of daily living or advice on financial or personal matters.*
- *I understand that the program is supervised by the library staff and that any problems or conflicts with the staff or volunteer are to be reported to the Library Director. I also understand that I may become ineligible for this program if I do not abide by the guidelines set forth.*

Signature _____

Date _____

Office Use Only	Date of Application: _____
Approved: <input type="checkbox"/> Yes	
<input type="checkbox"/> No, state reason _____	
Contacted: <input type="checkbox"/> Yes	First Visit Scheduled _____
Volunteer Assigned _____	
Scheduled Delivery _____	
Library Card number _____	



Homebound Delivery Application

Application Information:		
Name	_____	
Address	_____	
City	State	Zip
Phone	_____	
Email	_____	

Contact Person Information:		
Name	_____	
Address	_____	
City	State	Zip
Home Phone	_____	
Work Phone	_____	
Relationship	_____	

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

- No
- Yes, please provide name and phone number

Name _____

Phone _____

Reason for Homebound Delivery request:

- Medical
- Transportation
- Other; Please explain _____