

Homebound Library Service Application

Yes, I am interested in the New Carlisle-Olive Township Public Library's Homebound Services. I understand that this application is subject to approved 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, the New Carlisle-Olive Township 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 _____

Date of Birth _____

Contact Person/ Facility Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship _____

Library Card Information:

_____ I have a library card. My number is: _____

_____ I don't have a library card yet. Please contact me about setting up a card.

I am unable to easily come to the library because of (check one):

_____ Age-related issues _____ Illness or disability _____ Other: _____

Library Use Only

Date Received _____

Approved _____ Contacted _____

Denied _____ Reason _____

Scheduled Delivery _____

Library Card # _____

First Visitation _____ Survey Completed _____

Notes:

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:
<input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Books on CD <input type="checkbox"/> Magazines <input type="checkbox"/> Music CDs	<input type="checkbox"/> Christian <input type="checkbox"/> Mystery <input type="checkbox"/> Western <input type="checkbox"/> Romance <input type="checkbox"/> Science Fiction <input type="checkbox"/> Religious <input type="checkbox"/> Suspense/Drama <input type="checkbox"/> Thriller <input type="checkbox"/> Animal <input type="checkbox"/> Classics <input type="checkbox"/> Adventure <input type="checkbox"/> Family Sagas <input type="checkbox"/> Pioneering <input type="checkbox"/> Historical <input type="checkbox"/> Bestsellers <input type="checkbox"/> Short Stories	<input type="checkbox"/> Biographies <input type="checkbox"/> Poetry/Fine Arts <input type="checkbox"/> Folklore/Fairy Tales <input type="checkbox"/> Homemaking/Cookbooks <input type="checkbox"/> Science/Gardening/Nature <input type="checkbox"/> Humor/Entertainment <input type="checkbox"/> Travel/Adventure <input type="checkbox"/> Sports/Recreation <input type="checkbox"/> Psychology/Sociology/Self Help <input type="checkbox"/> History/Local/War <input type="checkbox"/> Philosophy/Religion <input type="checkbox"/> Business/Economics <input type="checkbox"/> Computer/Technology <input type="checkbox"/> Health/Medical <input type="checkbox"/> Government/Politics <input type="checkbox"/> Career/Job Training

What are your hobbies, interests, and skills? _____

What is your employment background? _____