

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 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, 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 Code _____
Phone _____
Date of Birth _____

Contact Person/Facility Information

Name _____
Address _____
City _____
State _____ Zip Code _____
Phone _____ Room # _____
Relationship _____

Library Card Information:

I have a library card. My number is: _____

I don't have a library card. 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.

<u>Media type</u>	<u>Fiction - Subject/Genre</u>	<u>Non-Fiction - Subject/Genre</u>
<input type="checkbox"/> Regular Print	<input type="checkbox"/> Biography	<input type="checkbox"/> Homemaking/Cookbooks
<input type="checkbox"/> Large Print	<input type="checkbox"/> Inspirational	<input type="checkbox"/> Poetry/Fine Arts
<input type="checkbox"/> Audio Books on CD	<input type="checkbox"/> Western	<input type="checkbox"/> Folklore/Fairy Tales
<input type="checkbox"/> Magazines	<input type="checkbox"/> Historical	<input type="checkbox"/> Gardening/Nature
<input type="checkbox"/> Music CDs	<input type="checkbox"/> Romance	<input type="checkbox"/> Humor/Entertainment
<input type="checkbox"/> DVDs/Movies	<input type="checkbox"/> Fantasy/Science Fiction	<input type="checkbox"/> Travel/Adventure
	<input type="checkbox"/> Graphic Novel	<input type="checkbox"/> Sports/Recreation
	<input type="checkbox"/> Fiction	<input type="checkbox"/> Psychology/Self-Help
	<input type="checkbox"/> Suspense	<input type="checkbox"/> History/Local/War
	<input type="checkbox"/> Adventure	<input type="checkbox"/> Philosophy/Religion
	<input type="checkbox"/> Mystery	<input type="checkbox"/> Health/Medical
	<input type="checkbox"/> Horror	<input type="checkbox"/> Business/Economics
		<input type="checkbox"/> Government/Politics
		<input type="checkbox"/> Computer/Technology

What are your hobbies and interests? _____
