

Application for Homebound Delivery

Douglas Library of Hebron



22 Main Street, Hebron CT

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I have received a copy of *Library Homebound Delivery Policy* and agree to comply with the rules specified therein. Initials: _____

By my signature below, I hereby agree to hold harmless and release the Douglas Library, the Town of Hebron, Connecticut and their employees, representatives and agents from any loss, liability, claim, suit or judgment that may arise out of or in conjunction with the Homebound Delivery Service.

I understand that the program is supervised by the Library staff and that any problems or conflicts with the volunteer need to be reported to the Library Director. 860-228-9312 x16. I also understand that I may become ineligible for this program if I do not abide by the rule set forth.

SIGNATURE: _____

Eligibility for Service: (Check all that apply):

SHORT TERM ILLNESS

LONG TERM ILLNESS

NON DRIVER (AGE 18 AND OLDER):

PHYSICAL OR MENTAL DISABILITY THAT PREVENTS PARTICIPANT FROM COMING TO THE LIBRARY ON HIS/HER OWN TO BORROW MATERIALS:

OTHER: (PLEASE SPECIFY) _____

Person to Contact in case we can't reach you:

NAME: _____

PHONE NUMBER: _____

Please turn over to fill out the reading interest questionnaire

Materials Interest:

Format Preferred (Check all that apply):

Regular Print Hardcover

Magazines

Large Print Books

Children's Items

Audiobooks CD's

Movies (not New)

Genre Preferred:

Fiction <input type="checkbox"/>	Mystery/Suspense <input type="checkbox"/>	Politics <input type="checkbox"/>
Science Fiction <input type="checkbox"/>	Biography <input type="checkbox"/>	True Crime <input type="checkbox"/>
Romance <input type="checkbox"/>	History <input type="checkbox"/>	Other: _____

Favorite

Authors: _____

Favorite

Magazines: _____

Favorite

Movies: _____

Can we keep a list of you checked out materials to make sure we are not duplicating items being sent to you? Yes No