



**Homebound Library Services Application**

Yes, I am interested in Franklin-Springboro Public Library’s Homebound Delivery Services. I understand that this application is subject to approval by library staff regarding eligibility for Homebound Delivery Services. Upon approval of the application, Franklin-Springboro Public Library will provide a library card for me with the understanding that I am responsible for damage, or loss of library materials charged to this library card.

**Date of Application:** \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Contact Person/Facility Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Homebound Services Personal Preference Survey:** Please mark the box to indicate your preference for media type and subjects for your materials.

<u>Media Type:</u>	<u>Subject/Genre Fiction:</u>	<u>Subject Non-Fiction:</u>
<input type="checkbox"/> Regular Print	<input type="checkbox"/> Mystery	<input type="checkbox"/> Biographies
<input type="checkbox"/> Large Print	<input type="checkbox"/> Western	<input type="checkbox"/> Business/Economics
<input type="checkbox"/> Hard Back	<input type="checkbox"/> Romance	<input type="checkbox"/> Career/Job training
<input type="checkbox"/> Paperback	<input type="checkbox"/> Sci-Fi	<input type="checkbox"/> Computers/Technology
<input type="checkbox"/> Books Tape	<input type="checkbox"/> Religious	<input type="checkbox"/> Health/Medical
<input type="checkbox"/> Books on CD	<input type="checkbox"/> Suspense/Drama	<input type="checkbox"/> Government/Politics
<input type="checkbox"/> Movie DVD	<input type="checkbox"/> Thriller	<input type="checkbox"/> Homemaking/Cookbooks
<input type="checkbox"/> Movie VHS	<input type="checkbox"/> Animal	<input type="checkbox"/> Science/Gardening/Nature
<input type="checkbox"/> Music Tape	<input type="checkbox"/> Classics	<input type="checkbox"/> Humor/Entertainment
<input type="checkbox"/> Music CD	<input type="checkbox"/> Adventure	<input type="checkbox"/> Poetry/Fine Arts
<input type="checkbox"/> E-book readers	<input type="checkbox"/> Family Sagas	<input type="checkbox"/> Folklore/Fairy Tales/Occult
<input type="checkbox"/> Magazines	<input type="checkbox"/> Pioneering	<input type="checkbox"/> Travel/Adventure
<input type="checkbox"/> Youth Materials	<input type="checkbox"/> Historical	<input type="checkbox"/> Sports/Recreation
	<input type="checkbox"/> Best Sellers	<input type="checkbox"/> Psychology/Sociology/Self Help
	<input type="checkbox"/> South Dakota Authors	<input type="checkbox"/> History/Local/War
	<input type="checkbox"/> Short Stories	<input type="checkbox"/> Philosophy/Religion

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

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**Do you object to sexual content, violence or foul language in your library materials?**      **Yes**    **No**

**What are your hobbies, interests, and skills?** \_\_\_\_\_

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**Reason for Service Request:**

Medical \_\_\_\_\_

Transportation \_\_\_\_\_

Other; Please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have family members who could deliver materials to you? \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_