

STILLWATER COUNTY LIBRARY HOMEBOUND DELIVERY PROGRAM



CONTACT INFORMATION

Full Name

Building/Residence Name (if applicable)

Address Line 1

Address Line 2

City Zipcode

Phone E-mail (if applicable)

EMERGENCY CONTACT

Please provide the name of someone who may be contacted if we cannot get in touch with you for an extended period. This person can be a relative/spouse, friend, or group-residence representative.

Full Name

Phone E-mail (if applicable)

Relationship to Applicant

Is your Emergency Contact authorized to receive information about your library account if needed?

Yes No

ACKNOWLEDGEMENT OF PROGRAM ELIGIBILITY

Individuals who live in Stillwater County who are unable to get to the library because of the following reasons are eligible to participate in the program.

- Permanent physical disabilities which prevent an individual from visiting the library.
- Temporary physical limitations (or illness) which prevent an individual from visiting the library for a minimum of three weeks or longer.
- Severe mobility problems which prevent an individual from visiting the library.

Are you unable to get to the library due to a permanent or temporary illness or disability? Yes No

Do you have a Stillwater County Library card? If not, staff can assist you with obtaining one. Yes No

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MATERIAL SELECTION

Share with us your selection preferences.

- I am able to use the library's online catalog and will place material on hold.
- I would like to receive training to learn how to use the Library's online catalog and to place holds on material. I have access to a computer or tablet.
- I do not feel comfortable accessing the online catalog and/or do not have access to a computer or tablet. I need holds placed for me. I will provide the specific items I would like.
- I would like library staff to select materials for me based on criteria I provide. **Please complete the Reading Profile on the next page.**
- I will assign a designee to select and pick up materials for me. **Please complete the Reading Profile on the next page.**

Applicant's Signature:

Date

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READING PROFILE

Please complete this page if Library staff will be selecting materials for you.

What is your preferred book format(s)? (Check all that apply.)

- Regular Print Books Large Print Books Paperbacks Audiobooks on CD

What is/are your preferred genre(s)? (Check all that apply.)

- Fiction Literary Fiction Historical Fiction Science Fiction Romance
 Classics Mysteries Thriller Horror Montana Westerns
 Biography/Memoir Animals/Nature Cooking Travel Politics
 Self-Help History (Specify below) Nonfiction (Specify below)

Other and/or type of nonfiction or history _____

I do not want materials with: (Check all that apply.)

- Sexual content Obscene Language Violence Religion

Other (Please specify.) _____

Authors I enjoy include: _____
