STILLWATER COUNTY LIBRARY HOMEBOUND DELIVERY PROGRAM



Full Name		
Building/Residence Name (if applica	able)	
Address Line 1		
Address Line 2		
City		Zipcode
Phone	E-mail (if applicab	le)

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 Yes	No
illness or disability?	

Do you have a Stillwater County Library card? If not, staff can assist you with obtaining one. Yes

No

Page 1

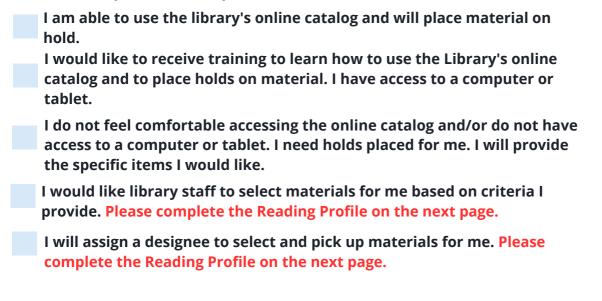
LIBRARY

STILLWATER COUNTY LIBRARY HOMEBOUND DELIVERY PROGRAM



MATERIAL SELECTION

Share with us your selection preferences.



Applicant's Signature:

Date

STILLWATER COUNTY LIBRARY HOMEBOUND DELIVERY PROGRAM



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			
l do not want materials with: (Check all that apply.)			
Sexual content Obscene Language Violence Religion			
Other (Please specify.)			
Authors I enjoy include:			

THANK YOU FOR YOUR APPLICATION