

William P. Faust Public Library Homebound Application

BASIC INFORMATION

PARTICIPANT

Name: _____

Address: _____

Phone: _____

Email: _____

EMERGENCY CONTACT PERSON (OPTIONAL)

Name: _____

Phone/Email: _____

Relationship: _____

Authorized to get information about account? (Initial) ____ Yes ____ No

-OR-

I opt out of this service (Initial) ____

DELIVERY FREQUENCY & AMOUNT

Every two weeks Monthly Item amount: _____ (Max 10)

I understand that I am responsible for materials delivered to me through the homebound program.

Signature

Date

READER PROFILE

FORMATS/TYPES OF MATERIALS (CHECK ALL THAT APPLY)

<u>Books</u>	<u>Movies</u>	<u>Music</u>	<u>Audiobooks</u>	<u>Magazines</u>
<input type="checkbox"/> Regular print	<input type="checkbox"/> DVDs	<input type="checkbox"/> Compact	<input type="checkbox"/> Compact	<input type="checkbox"/>
<input type="checkbox"/> Large print	<input type="checkbox"/> Binge boxes	Discs	Discs	

FICTION GENRES (CHECK ALL THAT APPLY)

<input type="checkbox"/> Literary fiction	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Thrillers
<input type="checkbox"/> Historical fiction	<input type="checkbox"/> Romance	<input type="checkbox"/> Inspirational
<input type="checkbox"/> Action/adventure	<input type="checkbox"/> Horror	<input type="checkbox"/> Religious
<input type="checkbox"/> Science fiction	<input type="checkbox"/> Urban fiction	<input type="checkbox"/> Romantic suspense
<input type="checkbox"/> Western	<input type="checkbox"/> Fantasy	<input type="checkbox"/> Other: _____

NON-FICTION GENRES (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> Computer science | <input type="checkbox"/> Language | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Philosophy & psychology | <input type="checkbox"/> Technology | <input type="checkbox"/> History & geography |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Arts & recreation | <input type="checkbox"/> Biographies |
| <input type="checkbox"/> Social sciences | <input type="checkbox"/> Science/Math | <input type="checkbox"/> Other: _____ |

I DO NOT WANT MATERIALS WITH... (CHECK ALL THAT APPLY)

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Sexual themes | <input type="checkbox"/> Violence | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Explicit sexual content | <input type="checkbox"/> Death | <input type="checkbox"/> Dark or cynical humor |
| <input type="checkbox"/> Rough/obscene language | <input type="checkbox"/> Disease | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> War | <input type="checkbox"/> Religion | |

READING HISTORY

Please list up to three favorite books and/or authors and what you enjoyed about them:

1. _____

2. _____

3. _____

Please list up to three books and/or authors you have read and what you did not enjoy:

1. _____

2. _____

3. _____

Anything else you would like us to take into account for your reading/media preferences?
