

Rhineland Public Library Homebound Information Sheet

Participant Information:

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Zip Code: _____ Email (if available): _____

Drivers License number/ I.D. _____

Emergency Contact Information:

Name: _____ Telephone: _____

Email (if available): _____ Relationship: _____

Can we discuss your account with this person? (Initial) ___ Yes ___ No

Responsibilities of Program Participant (please initial):

I declare that I am unable to independently get to the library because of illness, disability, age, or other qualifying circumstances.

I understand that I am responsible for keeping track of library materials and for payment for lost or damaged items. Damaged can be anything that will interfere with reading of book: staining, spills, torn / ripped pages, and water damage.

I give permission for my reading history to be turned on by library staff and understand that I can opt out by contacting library staff.

I understand materials will be delivered to and picked up from my home; staff will only enter home if asked. Please have bag to the door prior to pick-up unless other arrangements have been made.

Signature of participant: _____

Date: _____

Call us at 715-365-1070 ext 1083 with any questions!

Reading Preferences

Reading Interests (check all that apply):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Romance | <input type="checkbox"/> Amish | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Short Stories | <input type="checkbox"/> Self Help |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Biographies | <input type="checkbox"/> Science |
| <input type="checkbox"/> Westerns | <input type="checkbox"/> Poetry | <input type="checkbox"/> History |
| <input type="checkbox"/> Classic Literature | <input type="checkbox"/> Biographies | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Christian fiction | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Other: _____ | | |

Please list **3-4** favorite books and/or authors:

Please check any subjects that **do not** interest you (check all that apply)*:

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Explicit Sexual Content | <input type="checkbox"/> Death | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Rough/Obscene Language | <input type="checkbox"/> Religion | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> War |

** We will do our best to avoid subjects that aren't of interest to you, but can't read/watch all materials provided. If you receive an item that you don't enjoy, please just let us know so we can avoid providing you with similar materials going forward.*

Formats/Types of Materials (check all that apply):

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Large print books | <input type="checkbox"/> DVDs | |
| <input type="checkbox"/> Regular print books | <input type="checkbox"/> Blu Ray | <input type="checkbox"/> Music CDs |
| <input type="checkbox"/> Paperback | <input type="checkbox"/> Audiobooks on CD | |

How many materials would you like per delivery? _____

Is there anything else that you would like to share that might be helpful for us to know?