

# Independence Public Library

## Homebound Patron Release Form and Application



### Participant:

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Homebound Eligibility:

If you have a valid library card, live within the city limits of Independence and are unable to come to the library for one or more of the following reasons, you are eligible for the program:

- Persons with a temporary hardship due to a major illness/injury
- Persons with an ongoing need due to physical handicap
- Persons with a long-term illness
- Homebound seniors

By my signature below, I hereby agree to hold harmless and release the Independence Public Library, its officers, agents, employees, and representatives from any loss liability, claim, suit or judgment that may arise out of or in conjunction with the Library Homebound Delivery Service.

I understand that the library staff will select materials for my use, check the materials out to me, and that the library will arrange to have a volunteer deliver to and pick up the materials at my home on a scheduled basis.

Further, I understand that the volunteer assigned will be available only for scheduled visits to discuss reading selections and delivery of books. They will not provide assistance with activities of daily living or advice on financial or personal matters.

I understand that the program is supervised by the Library staff and that any problems or conflicts with the volunteer are to be reported to staff. I also understand that I may become ineligible for this program if I do not abide by the guidelines set forth, and that the program could be discontinued at any time.

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Signature

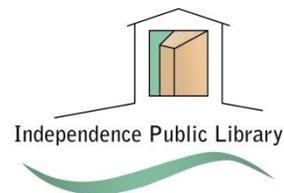
Date

### Questions?

Call the library at 319-334-2470 or email [iplprograms@gmail.com](mailto:iplprograms@gmail.com).

# Independence Public Library

## Homebound Application, page 2



### Participant:

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

### Emergency Contact Person:

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

Phone/email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to get information about account? (initial) \_\_\_\_ Yes \_\_\_\_ No

### Library Card Information:

\_\_\_\_ I have a library card. My number is: \_\_\_\_\_

\_\_\_\_ I don't have a library card yet. Please contact me about setting up a card.

Is your situation temporary or permanent? Temporary \_\_\_\_ Permanent \_\_\_\_

Do you live within the city limits of Independence? Yes \_\_\_\_ No \_\_\_\_

### Frequency of Deliveries (how often would you like new library materials):

\_\_\_\_ Every two weeks      \_\_\_\_ Every four weeks

### Formats:

Formats/Types of Materials (check all that apply **and** circle the number of items you would like to have in each delivery). The library will do our best to meet your needs.

\_\_\_\_ Books:      0   1   2   3   4   5   6   7   8

Please check your preference: Large Print \_\_\_\_ Regular Print \_\_\_\_ No Preference \_\_\_\_

\_\_\_\_ CD Audiobooks:      0   1   2   3   4

## Homebound Application, page 3

### Participant:

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

### Reading Interests (check all that apply):

#### Fiction

Check your preferences:

- Classics
- Fantasy
- Historical
- Mysteries
- Romance
- Science Fiction
- Westerns
- Fantasy
- Other \_\_\_\_\_

#### Nonfiction

Check your preferences:

- Adventure
- Animals
- Arts
- Biography
- Business
- History
- Sports
- Travel
- Other \_\_\_\_\_

Please list several of your favorite authors.

What are some titles of books you've enjoyed?

Do you object to sexual content or foul language in your library material?

\_\_\_\_\_Yes    \_\_\_\_\_No

Other preferences and comments:

All information will be kept confidential. Please return all 3 pages of the application to:  
Independence Public Library • % of Homebound Program • 805 1<sup>st</sup> St East • Independence, IA 50644