

Parsons Memorial Library Homebound Delivery Service Application PLEASE PRINT CLEARLY

First & Last Name:				
Mailing Address:				
City, State, Zip:				
Phone Number:				
Email Address:				
Reason for Home [Delivery	☐ Illness ☐ Temporary	☐ Disability	Other health-related condition	
I designate the contact:	following person to	help me with this service	e and be my emergency	
First & Last Name:		Phone:		
Relationship:				
 I affirm t I have re of Conde I am able renew be on my in I give permaterial reduce of I unders items at 	hat I am eligible for ead and understand uct Policy. e to manage my ov ooks or if I choose, aterests. ermission to the librals s on my behalf and duplication of mater tand that I or my de delivery and return	vn online account to mak I give the library permiss ary to use my library card for the library to hold red rials. esignated person must be previous materials.	ue Policy as well as the Code e requests, place holds, and sion to select materials based	
staff, and volun or in conjunctio	iteers from any loss	s, liability, claim, suit or ju Homebound Delivery Se	dgment that may arise out of rvices. I understand and	
Signature [.]			Date [.]	

Reading Preferences

☐ Send only the spe	cific materials I reques	st through my online a	ccount.		
☐ Please choose bo	rrowing materials for n	ne based on my intere	ests.		
What format of mate	rial do you borrow?				
☐ Regular Print Text	t 🗌 Large Print Text	eBooks	☐ Digital audiobooks		
☐ Audio CDs	☐ Video	Other:			
Fiction:					
☐ Best Sellers	Thrillers	Romance	☐ Short Stories		
Action/Adventure	Clean Fiction	Humor	☐ Spy Stories		
Classic Novels	☐ Historical Fiction	☐ Political Fiction	☐ Westerns		
Literature	☐ Fantasy	Science Fiction	☐ Anything Cozy		
Other:					
Non-Fiction:					
Bible & Religion	☐ Fine Arts	Music	Sports		
Biographies	Health	Philosophy	Travel		
History	Politics	☐ Cooking	Science		
☐ Magazines	Gardening	Occult			
DIY/How To (Please list interests):					
Authors I like:					
			_		
Subjects I like:					