



Sign Up & Preference Application

Your Name: _____ Birth Date: _____ / _____ / _____
Month Day Year

Address: _____
Street, RR/Fire Number City or Village State Zip

Phone: (_____) _____

Secondary Contact Information:

Contact Person: _____

Relationship to Patron: _____ Phone: (_____) _____

Preferred Delivery Day (circle one): **Friday** or **Saturday**

Preferred Delivery Time: _____

- Your volunteer will make deliveries on the **first Friday or Saturday of the month.**
- You will be contacted with your volunteer's name and scheduled date/time
- On delivery day, please have the library items from the previous visit ready for the volunteer to pick up.

Circle the items you prefer:

Number of Items (5 Max):

Regular Print Books	
Large Print Books	
Books on CD	
Music CDs	
Magazines	
DVD Movies	

Circle the genres you prefer:

Fiction:

Mystery	Romance	Science Fiction	Western
Historical Fiction	Fantasy	Poetry	Short Stories

Nonfiction:

Cooking	Sports	Biographies	Travel
True Crime	Religion	Gardening	Self-Help/ Inspirational

Arts/Crafts (specify)

History (specify)

Music CD Genres (specify)

Do You Object to:

Strong Language	Sex	Violence	Horror	Other:
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What topics and/or genres are you interested in?

Who are your favorite authors and/or performers?

If you have any questions about your **Homebound Delivery** service, please contact 608-827-7405 or email volunteer@midlibrary.org

Library Use Only Total Number of Items: _____

Volunteer Selector _____ Phone (____) _____

Volunteer Driver _____ Phone (____) _____

Participant Library Card Number: _____ Pin: _____