



Homebound Program PATRON Application

This program is offered by volunteers from the Friends of the AWL Library and is designed to get books to local homebound patrons.
Learn more online at awlindsey.com/homebound.

PATRON INFORMATION

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Library Card Status (*please check one*):

- You have a library card and know your number (*Card Number: _____*)
- You have a library card but do not know your number. (*The Friends will work with Library staff to determine your number.*)
- You do not have a library card. (*The Friends will help you apply for a card.*)

PATRON AGREEMENT

- *I agree to abide by library and Homebound Program policies.*
- *I understand that I will be responsible for the replacement of lost or damaged library materials checked out to me.*
- *I understand that a list of titles checked out to me will be maintained by the Friends to help with book selection.*
- *I understand that non-identifying information may be used for reports and marketing.*
- *When possible, I agree to reschedule meetings to receive or exchange books ahead of time, should I become unavailable.*
- *I understand this program can be cancelled or that I can be removed from the program at any time for any reason.*

Name: _____ Signature: _____ Date: _____

PATRON READING PREFERENCES (*Circle preferences and fill in spaces as needed.*)

- SPECIAL NEEDS: large print, audio, other: _____
- FICTION: mystery, romance, sci fi, Christian, classics, young adult, other: _____
- NONFICTION: biography, crime, religious, history, travel, other: _____
- PLEASE AVOID: profanity, sex, war, violence, other: _____
- FAVORITE AUTHORS: _____
- FAVORITE BOOKS: _____
- NOTES: _____

VERIFICATION OF SHUT-IN STATUS (*To be filled out by a physician, nurse, pastor, or social worker who is familiar with the patron.*)

By signing below, I attest that I consider the patron listed above to be physically unable to go to the library.

I believe the need for Homebound Program services is: Permanent Temporary (*Estimated end date: _____*)

Name: _____ Signature: _____ Phone: _____

OFFICE USE ONLY

LIBRARY SCREENING: DATE RECEIVED: _____ RECEIVED BY: _____ GOOD STANDING: Yes / No
VALID LIBRARY CARD: Yes / No LIBRARY CARD NUMBER: _____
NOTES: _____

FRIENDS' SCREENING: DATE CONTACTED: _____ PERSON MAKING CALL: _____
ACCEPTED IN PROGRAM: Yes / No PATRON NOTIFIED: Yes / No LIBRARY NOTIFIED: Yes / No Polaris Added: Yes / No
VOLUNTEER ASSIGNED TO PATRON: _____ DATE NOTIFIED: _____
NOTES: _____

Return completed applications to: AWL library, 600 North Division, Carterville, IL 62918.
Learn more at (618) 956-9755, FriendsofAWL@gmail.com, or awlindsey.com/homebound.