



## West Nyack Free Library

65 Strawtown Road  
West Nyack, New York 10994-1898 | (845)358-6081  
[www.westnyacklibrary.org](http://www.westnyacklibrary.org)

# Application for Homebound Library Services

Library contact- Myrna Sigal ext 5

Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Eligibility- please check the reasons why you require Homebound Library Service

Visual Impairment\_\_\_ Physical Disability\_\_\_ Recovery from surgery or injury \_\_\_

Other (Please explain) \_\_\_\_\_

## Release Form and Service Agreement

By reading the following program policies and signing below, I agree to hold harmless and release the West Nyack Public Library, its officers, agents, employees and representatives from any loss, liability, claim, suit or judgement that may arise out of or in conjunction with the library homebound delivery service. Further I understand that:

- I may select specific titles from the library collection or allow library staff to select titles for me based on the preferences indicated on the following page.
- Deliveries will be made to my home on a scheduled basis.
- The library representative will only be available for scheduled deliveries and assistance in selecting materials. He/she will not assist with daily living activities or offer advice on financial or personal matters.
- I will be responsible for any library materials that are lost or damaged while checked out to me.
- I may become ineligible for the program if I do not abide by these guidelines.

\_\_\_\_\_  
Signature (if the applicant is under 18 years of age, a parent or guardian is required to sign.)

Date \_\_\_\_\_



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### Preferences

Media Type	Fiction Genres	Non Fiction Subjects
<input type="checkbox"/> Regular Print	<input type="checkbox"/> Action/Adventure	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Large Print	<input type="checkbox"/> Classics	<input type="checkbox"/> Biography
<input type="checkbox"/> Audiobooks: CD	<input type="checkbox"/> Espionage	<input type="checkbox"/> Business and Economics
<input type="checkbox"/> ebooks	<input type="checkbox"/> Family Sgas	<input type="checkbox"/> Computers and Technology
<input type="checkbox"/> Movies: DVD	<input type="checkbox"/> Fantasy	<input type="checkbox"/> Cooking
<input type="checkbox"/> Music CDs	<input type="checkbox"/> Graphic Novels/Comic Books	<input type="checkbox"/> Gardening
<input type="checkbox"/> Magazines	<input type="checkbox"/> Historical	<input type="checkbox"/> Government & Politics
	<input type="checkbox"/> Humorous	<input type="checkbox"/> Health & Medicine
	<input type="checkbox"/> Mystery/Detective	<input type="checkbox"/> History
	<input type="checkbox"/> Religious	<input type="checkbox"/> Humor
	<input type="checkbox"/> Romance (spicy)	<input type="checkbox"/> Poetry & Literature
	<input type="checkbox"/> Romance (cozy)	<input type="checkbox"/> Psychology & Self-help
	<input type="checkbox"/> Science Fiction	<input type="checkbox"/> Religion & Philosophy
	<input type="checkbox"/> Short Stories	<input type="checkbox"/> Science & Nature
	<input type="checkbox"/> Suspense	<input type="checkbox"/> Sports & Recreation
	<input type="checkbox"/> Thrillers	<input type="checkbox"/> Travel & Adventure
	<input type="checkbox"/> Western	

List some of your favorite authors: \_\_\_\_\_

I do not wish to receive materials that contain:

Strong language

Violence

Explicit descriptions of sex

Do you currently have a West Nyack Library card?  Yes

No

Do you on a computer or device with internet access?  Yes

No