GLOUCESTER COUNTY LIBRARY SYSTEM

Application For Homebound Services

Part 1: (*To be completed by applicant*)

Name: _____

Address: _____

City: _____ Zip _____

Phone: _____ Alternate Phone: _____

Alternate Contact Person: _____

Method of Contact: _____

Township you reside in/pay taxes to: _____

Birth Date: _____

Part 2: (*To be completed by medical personnel*)

Certificate of Eligibility

Please describe the limitations to the applicant's mobility:

_____

_____

_____

Signature of Certifying Authority: _____

Printed Name of Certifying Authority: _____

Title: _____ Date: _____

Phone: _____

Please complete reverse side

Part 3:

Type of Materials Requested (*check all that apply*):

____ Mass Market Paperbacks ____ Trade Paperbacks ____ Hardcover Books

____ Large Print ____ Magazines ____ Books on CD ____ Playaways ____ Music CD'S

____DVD'S

Reading Interests (*Check all that apply*):

____ Action/Adventure ____ Historical Fiction ____ Science Fiction ____ Best Sellers

____ History ____ Series ____ Biography/Memoir ____ Horror ____ Short Stories

____ Children's Stories ____ Humor ____ Sports (Specify) ____ Chick Lit ____ Inspirational

____ Suspense ____ Fantasy ____ Love Stories ____ Thrillers ____ Fables/Legends

____ Mysteries ____ True Crime ____ Graphic Novels ____ Paranormal ____ Other (Specify)

Favorite Authors: _____

Topics to avoid: _____

Do you have a computer with Internet access? _____Yes _____No

Applicant's Signature: _____

Date: _____

Please return completed form to:

GCLS Greenwich Libray
411 Swedesboro Road
Gibbstown, NJ 08027
856-687-7074
www.gcls.org

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