

Conditions of Program Participation



Patron must provide a safe and appropriate environment for library representatives making deliveries.

It is the patron's responsibility to keep track of all materials for returns.

Library representatives will not search for missing or misplaced library items in the residence.

Library representatives are there for library purposes and are unable to help with errands, household chores, etc.

Causes for Suspension of Service



Pets are not confined (except for service animals).

No clear and safe path to the home, including snow and ice removal.

Any person in the home presents threatening behavior, abusive or obscene language, or makes obscene gestures.

Any person in the home harasses the library's representative.

Any person exhibits signs of illness that may jeopardize the health of the library's representative.

Any person in the home is engaging in any illegal activity in the home at the time of the delivery.

Washoe County Library Homebound Delivery

Who is eligible

Any Washoe County resident who is unable to travel to the library due to:

- Temporary or long-term illness
- Disability
- Injury
- Impairment
- Impaired driving ability

How it works

You can reserve items by accessing our online catalog, calling the library, or having librarians select materials for you based on the criteria you provide on the enrollment form.

A library representative will deliver them to your home in clear plastic zippered totes. Every four weeks, we will pick up the previously delivered items and deliver new items.

All you need is a Washoe County library card. If you do not have a library card, we can get one for you.

hours

Monday, Tuesday, Wednesday, Friday
10 am - 6 pm

Thursday
10 am - 7 pm

Saturday, Sunday
10 am - 4 pm

for more information

Website: washoeountylibrary.us/homebound
Email: WCLShomebound@washoeounty.gov
Phone: 775-352-3205

Connect, Gather, Explore
WASHOE COUNTY LIBRARY SYSTEM washoeountylibrary.us





Washoe County Library System Homebound Delivery Enrollment Form

NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____
EMAIL (if applicable): _____
LIBRARY CARD NUMBER: _____
 I do not have a library card

- Preferred Format Personalized Reading Profile:
- (select all that apply):
- | | | | |
|---|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> Regular print books | <input type="radio"/> FICTION: | <input type="radio"/> NON-FICTION: | |
| <input type="radio"/> Large print books | <input type="radio"/> General Fiction | <input type="radio"/> Biography | <input type="radio"/> Sports |
| <input type="radio"/> Paperbacks | <input type="radio"/> Mysteries | <input type="radio"/> Science/Nature | <input type="radio"/> Religion |
| <input type="radio"/> Movies-DVD | <input type="radio"/> Sci Fi/Fantasy | <input type="radio"/> Health | <input type="radio"/> Philosophy |
| <input type="radio"/> Movies-Blu-Ray | <input type="radio"/> Romance | <input type="radio"/> History | <input type="radio"/> Travel |
| <input type="radio"/> Books on CD | <input type="radio"/> Westerns | <input type="radio"/> Music/Art | <input type="radio"/> Cooking |
| <input type="radio"/> Music CDs | <input type="radio"/> Historical | <input type="radio"/> Gardening/DIY | <input type="radio"/> Graphic Novels |

FAVORITE AUTHORS/OTHER: _____

Questions? Comments? Need something ordered?
Just let us know!

Email: wclshomebound@washoecounty.gov
Phone: 775-352-3205
Website: washoecountylibrary.us/homebound

RESPONSIBILITIES OF PROGRAM PARTICIPANT:

- I understand that I am responsible for payment for lost or damaged items.
- Someone will accept my materials upon delivery if I am not able to. They will not be left out of the door/exposed.
- I will notify the library of any change of address

By signing this form, I certify that the information on it is accurate to the best of my knowledge. I agree to the above guidelines of the Home-bound Delivery Program and understand that I am responsible for any materials borrowed with my library card.

SIGNATURE: _____ DATE: ____/____/____