

VISITING LIBRARY SERVICE - Participant Application Form

Applicant Information

Name: _____

Address: _____

Apt. / Room number: _____ Postal Code: _____

Phone: _____

Male Female

Do you have a family member or friend available to pick up and deliver your items to you on a monthly basis? **Yes** **No**

Alternate Contact Person

Name: _____ Phone: _____

Declaration of Eligibility:

- I declare that I am a resident of the City of Niagara Falls. I have an injury, illness or disability that prevents me from visiting the library in person or carrying library materials. I have been institutionalized or homebound for 3 months or more.
- I agree to be responsible for any loss or damage of library materials delivered to me as a result of this application and agree to abide by the rules and regulations of the Niagara Falls Public Library.

Signature _____ Date _____

To be read aloud to the Visiting Library Service Patron:

We keep a record of your reading preferences and the library materials you have borrowed in order to provide better service to you. The list and your personal information are kept confidential and are not shared. Do we have your permission to keep this information in our files and/or our computer? If you choose "no" you could receive materials that have been previously delivered to you.

Yes **No**

VISITING LIBRARY SERVICE - Reader Profile

How many items would you like to receive per month? _____

I do not accept Strong language Violence Explicit sex

Material Types (check all that apply):

Regular print Large Print Paperback Hardcover
 DVDs Books on CD Playaways Daisy Discs(form required)

Music CDs classical easy rock country other: _____

Magazines (specify titles)

What do you like to read? (Please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Mystery | <input type="checkbox"/> Animal and Vets |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Romance (modern) | <input type="checkbox"/> Biographies |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Romance (historical) | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Family stories | <input type="checkbox"/> Romantic Suspense | <input type="checkbox"/> Health |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Short stories | <input type="checkbox"/> History |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Spy stories | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Horror | <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Humour | <input type="checkbox"/> Suspense / Thrillers | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Inspirational | <input type="checkbox"/> Westerns | <input type="checkbox"/> Travel |

Favourite Authors: _____

Please return your completed application form, including signature to:

Visiting Library Service
Niagara Falls Public Library
4848 Victoria Avenue
Niagara Falls, ON L2E 4C5

FOR STAFF ONLY

Staff Contact _____

Volunteer _____ Phone _____

Requested Delivery Period _____

Notes _____

Alternate Contact (family/friend) _____