Home Delivery Services Application

Personal and Contact Information:

Name: _____

Address: _____

_____

Apartment or Room Number: _____

Phone Number: _____

Emergency Contact and Phone Number: _____

_____

Do you have a Guernsey County Public Library card? Yes ___ No ___

If yes, library card number: _____

What types of materials are you interested in? (Check all that apply.)

Books _____ DVDs _____ Audiobooks _____

Do you prefer Large Print _____ Regular Print _____ Hardback _____
Paperback _____

How many items would you like to receive at each visit? _____

What type of fiction do you enjoy? Check all that apply.

____ Adventure
____ Alternate Reality
____ Best Sellers
____ Christian
____ Classic
____ Crime
____ Family
____ Fantasy
____ Historical
____ Horror
____ Humor
____ Mystery
____ Romance
____ Science Fiction
____ Short Stories
____ Spy
____ War
____ Western

What type of non-fiction do you prefer?

____Animals/ Wildlife
____ Art
____ Bible
____ Biography
____ Business
____ Career
____ Computers
____ Cooking
____ Crafts
____ Gardening
____ Government/ Politics
____ Health
____History
____ Humor
____ Music
____ Philosophy
____ Poetry
____ Science
____ Self-Help
____ Sports
____ Theater
____ Travel
____ True Crime
____ War

Favorite Authors

_____

_____

_____

_____

_____

_____

I certify that I have read and understand the expectations of a home delivery patron. Additionally, I certify that I am unable to visit the library due to a permanent or temporary injury, illness, or disability.

I understand that home delivery services may be discontinued at any time at the discretion of the Outreach Coordinator and based upon my adherence to the home delivery expectations.

Signature: _____ Date: _____