

Altoona Public Library Home Delivery Application

Participant:

Name: _____ Date of Birth: _____

Street Address: _____ Telephone: _____

Health Care Facility: _____

City: _____ Eau Claire County Email (if applicable): _____

Emergency Contact Person:

Name: _____ Telephone: _____

Relationship: _____ Special Needs: _____

Authorized to get information about your account? (Initial) _____ Yes _____ No

Library Card Information

____ I have a library card. My number is: _____

____ I don't have a library card. Please contact me about setting up a card.

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 doors/exposed.
- I will notify the library of any change of address
- I declare that I am unable to get to the library at this time to make my own selections

Signature: _____

(Homebound Customer)

Date: _____

Certified By: _____

If Applicable

(Health Care Facility Activity Director)

Reading Preferences

Reading Interests (check all that apply):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Romance | <input type="checkbox"/> Biographies |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Westerns | <input type="checkbox"/> Self Help |
| <input type="checkbox"/> Classic Literature | <input type="checkbox"/> History |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Poetry | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Short Stories | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Other _____ | |

My favorite authors are:

Please list at least 3 of your **favorite** books and/or authors and what you enjoy about them.

Please list up to 3 books or authors you have read and **not enjoyed**.

Formats/Types of Materials (check all that apply)

Books: ___ Large Print ___ Regular Print ___ Paperback
Movies: ___ DVD ___ BluRay (limited selection)
AudioBooks: ___ Discs ___ MP3 Players
 ___ Magazines ___ Music CD's

Pet Peeves:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Sexual Themes | <input type="checkbox"/> Death |
| <input type="checkbox"/> Explicit Sexual Content | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Rough/Obscene Language | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> War | <input type="checkbox"/> Violence |

Any Other Notes/Comments/Suggestions?

Reading History:

____ I give my permission for my reading history to be turned on by library staff. (Initial)