



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.

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Family | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Alternate Reality | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Best Sellers | <input type="checkbox"/> Historical | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Horror | <input type="checkbox"/> Spy |
| <input type="checkbox"/> Classic | <input type="checkbox"/> Humor | <input type="checkbox"/> War |
| <input type="checkbox"/> Crime | <input type="checkbox"/> Mystery | <input type="checkbox"/> Western |

What type of non-fiction do you prefer?

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Animals/ Wildlife | <input type="checkbox"/> Crafts | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Art | <input type="checkbox"/> Gardening | <input type="checkbox"/> Science |
| <input type="checkbox"/> Bible | <input type="checkbox"/> Government/
Politics | <input type="checkbox"/> Self-Help |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Health | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Business | <input type="checkbox"/> History | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Career | <input type="checkbox"/> Humor | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Philosophy | <input type="checkbox"/> 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: _____