

Visiting Library Service - Participant Application Form

Applicant Information:

Name: _____

Address: _____ City: _____

Apartment/Room #: _____ Postal Code: _____ Phone: _____

Male Female Date of Birth: ____/____/____ (MM/DD/YYYY)

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 Hamilton. I have an illness, injury or disability that prevents me from visiting the library in person or carrying library materials. I have been homebound or institutionalized for 3 (three) 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 all rules and regulations of the Hamilton Public Library Board.

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. This 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 computer? If you choose "no", you could receive materials that have been previously delivered to you.

Yes No



Hamilton
Public Library

Visiting Library Service
(905) 546-3222 www.hpl.ca

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 (Please 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 & 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 (Canadian or World)
<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 your signature, to:

Visiting Library Service
Hamilton Public Library
55 York Boulevard, Box 2700
Hamilton, ON L8N 4E4



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