

Blackstone Public Library Home Delivery Application Form

NAME: _____

LIBRARY CARD #: _____

ADDRESS: _____ Blackstone, MA 01504

PHONE NUMBER: _____ home

ALTERNATE PHONE: _____ cell

EMAIL: _____

A Blackstone resident, who has a permanent or temporary disability, and/or is confined to his/her residence, qualifies for the Library Home Delivery Program.

What types of materials are you interested in?

(check all that apply)

Do you have any favorite authors?

___ Regular Print Books

___ Large Print Books

___ DVDs

___ Audio Books

___ Music CDs

___ Magazines

___ List Magazine Titles you might enjoy:

SERVICE PLAN: Circle one (1)

- Request Only: Send only the library materials that I select by title
- Readers' Advisory: Send your selections for me AND my title requests

READING PROFILE

Circle your favorites from the list below ONLY if you would like us to select titles for you.

Mystery-Private Detective	000-099 General Works
Mystery – Amateur Sleuth	100-199 Philosophy
Mystery – Policy	200-299 Religion (denomination)

Thriller – Political/Spy	300-399 Social Sciences
Thriller – Psychological	400-499 Language (please specify)

Thriller – Legal	500-599 Pure Sciences
Thriller – Medical	600-699 Technology
Adventure – Suspense	700-799 The Arts
Romance – Contemporary	800-899 Literature
Romance – Historical	900-999 Geography & History
Romance – Gothic	Cooking: _____
Romance – Light	Crafts and Hobbies: _____
Classics	Sports: _____
Literary /Award Winners	Other Interests: _____
Historical Fiction	_____
Westerns	_____
Science Fiction	_____

STATEMENT OF RESPONSIBILITY:

By signing this form, I certify that the information is accurate. I agree to follow the Policy and Procedures of the Homebound Delivery Program. I understand that I am responsible for all materials borrowed as well as any loss/damaged items.

SIGNATURE: _____

DATE: _____