

# House Calls Application

Please print

Date: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name and phone #

\_\_\_\_\_

\_\_\_\_\_

Which delivery do you prefer?

Library volunteer

Friend or relative

Name and phone # of friend or relative:

\_\_\_\_\_

\_\_\_\_\_

Do you have a PCLS library card?

Yes  No

Card number \_\_\_\_\_

Please indicate below the types of material that you would like to receive. Check all that apply.

- Large print books
- Regular print books
- Magazines
- Audio books
- Movies on DVD
- Music on CD

How many items would you like to receive each month?

\_\_\_\_\_

Who are your favorite authors?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate below the types of material that you would like to receive. Check all that apply.

- Fiction
- Non-Fiction
- Best Sellers
- Biography
- Adventure
- Cookbooks
- Classics
- History
- Mystery
- Medical Issues
- Romance
- Military
- Science Fiction
- Psychology
- War
- Religion
- Westerns
- Sciences
- Travel
- True Crime
- Other \_\_\_\_\_

Do graphic scenes or strong language bother you?

Yes  No