

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