

AUBURN HILLS PUBLIC LIBRARY

HOME DELIVERY REQUEST FORM

By completing this form, I understand that this application is subject to approval by Library staff. If my application is approved, the Library will provide a card for me with the understanding that I am responsible for the damage or loss of materials charged to this card. For assistance, call the Library at 248-364-6706.

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Phone Number: _____ Email: _____

I meet the definition of homebound as defined below:

Any Auburn Hills Public Library resident who is unable to drive to the Library because of a temporary or permanent physical condition is welcome to join the home delivery program.

Yes No—please explain: _____

I will no longer need these services at this date (if applicable): ____/____/____

I would prefer deliveries at this day/time: _____

I would like deliveries every 3 weeks 6 weeks

Do you have an Auburn Hills Public Library Card?

Yes, my card # is _____ No

Address:

| | | |
|--------------|--------|-------------------------|
| Number | Street | Apt. No (if applicable) |
| Auburn Hills | MI | |
| City | State | Zip Code |

Signature _____

Date _____



LIBRARY PREFERENCES SURVEY

PREFERRED FORMAT:

Check all that apply

- | | | | |
|--------------------------------------|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Regular Print | <input type="checkbox"/> Audiobooks | <input type="checkbox"/> Thin Books |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> DVDs | <input type="checkbox"/> CDs | <input type="checkbox"/> _____ |

PLEASE CHOOSE ONE OF THE TWO OPTIONS:

- Don't select books for me. I want to pick out specific titles.
- Please choose books for me based on my preferences as listed below.

FICTION GENRE PREFERENCES:

Circle all that apply

- | | | | | |
|---------|---------|----------------|------------------------------|--------------------|
| Romance | Mystery | Horror | Thrillers | Historical Fiction |
| Sci-Fi | Fantasy | Graphic Novels | General Fiction & Literature | |
| Other | _____ | | | |

NONFICTION SUBJECT PREFERENCES:

Circle all that apply

- | | | | | | |
|-----------|--------------|---------------|----------|----------|----------|
| Biography | U.S. History | World History | Politics | Michigan | Business |
| Cooking | Poetry | Travel | Films | Art | Health |
| Science | Animals | Technology | Sports | Humor | Religion |
| Other | _____ | | | | |

List some favorite authors/series:

Additional notes:

VOLUNTEER MATCHING SURVEY

Do you smoke? Yes No

Do you have animals? Yes (write types below) No

What language(s) do you speak? _____

Are you living with anyone else? Yes (write names below) No

If you have preferences regarding your volunteer, please disclose them here:

EMERGENCY CONTACT FORM

In case of emergency, please contact:

1st Contact

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2nd Contact

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____