



Ajax Public Library
Books on Wheels Service Application Form

Name: _____ Date: _____

Address: _____

Postal Code: _____

E-mail: _____ Phone #: _____

Family member or friend who may be contacted if we are unable to reach you:

Name: _____ Relationship: _____

Phone #: _____ Cell phone #: _____

- Long-Term Service: Chronic illness, Physical disability, Visual impairment
Seasonal Service: Unable to use mobility aids during winter months of December to March
Temporary Service: Convalescence (minimum eight (8) weeks)

I would like to receive: Monthly delivery or Branch pickup at: Main, McLean, Village
Pick-up by a family member/caregiver Name: _____

Statement of confidentiality:

- All information collected is for the purpose of ensuring customer eligibility for service, borrowing, delivery service, and for promoting other library resources.
I understand that receiving Books on Wheels Service is contingent upon the signing of this application and that this service is available only for those who cannot visit or use library facilities.
My regular library account will be suspended while I am receiving delivery.

I understand by signing this agreement that:

- I authorize Ajax Public Library staff to check out library materials on my behalf, and to keep a reading history of these materials to avoid duplication of titles;
I am responsible for the safe return of all borrowed items on their due date;
A fee will be charged to replace any lost or damaged material;
Change of address and phone number must be reported to Library personnel.

Signature of Books on Wheels Service
Customer/Caregiver

Date: yy/mm/dd

Form: LIB-047 Revised: 14/03/13

Personal information on this form is collected under the authority of the Public Libraries Act, R.S.O. 1990, c. P.44, s. 23 (4) and is subject to the provisions of the Municipal Freedom of Information and Protection of Privacy Act. This information is used for the administration, and planning of library services. Questions about this collection should be forwarded to the Chief Librarian and Executive Officer, 55 Harwood Avenue South, Ajax, Ontario, L1S 2H8, 905-683-4000, ext. 8825.

Did you download this form from the DMS today? If not, please ensure its currency prior to use.

Printed on: April 3, 2017

Please indicate your format, reading, and viewing preferences: Selection depends on availability. Please check all that apply:

- | | | |
|-----------------------|---|------------------------------------|
| Large Print: | <input type="checkbox"/> Hardcover | <input type="checkbox"/> Softcover |
| Regular Print: | <input type="checkbox"/> Hardcover | <input type="checkbox"/> Softcover |
| Magazines: | <input type="checkbox"/> Women's | <input type="checkbox"/> Men's |
| Audiobooks: | <input type="checkbox"/> Regular Collection | <input type="checkbox"/> CNIB |
| DVDs: | <input type="checkbox"/> Movies | |

Viewing & Music Preferences: Please check all that apply:

- DVDs:** Action Comedy Documentary Drama Musical Non-Fiction Western
- Music** Blues Choral Country Folk Inspirational Instrumental International
- CDs:** Jazz Popular Rock

What **Fiction** do you like to read? Please check all that apply:

- | | | | | |
|------------------------|--|---|--|-------------------------------------|
| Mystery: | <input type="checkbox"/> Legal | <input type="checkbox"/> Forensic | <input type="checkbox"/> Medical | <input type="checkbox"/> Detective |
| Romance: | <input type="checkbox"/> Historical | <input type="checkbox"/> Harlequin | <input type="checkbox"/> Suspense | <input type="checkbox"/> Paranormal |
| Historical: | <input type="checkbox"/> Christian | <input type="checkbox"/> Adventure | <input type="checkbox"/> Family | <input type="checkbox"/> Horror |
| Westerns: | <input type="checkbox"/> Spy | <input type="checkbox"/> Suspense | <input type="checkbox"/> Thriller | <input type="checkbox"/> Sagas |
| Classics: | <input type="checkbox"/> Canadian | <input type="checkbox"/> Award Winners | <input type="checkbox"/> Sc-Fi | |
| Fantasy: | <input type="checkbox"/> General | <input type="checkbox"/> Short Stories | | |
| Humorous: | <input type="checkbox"/> Stories | <input type="checkbox"/> Friendship | <input type="checkbox"/> Brothers/ Sisters | |
| War Stories: | <input type="checkbox"/> WW 1939-45 | <input type="checkbox"/> WW 1914-18 | <input type="checkbox"/> History | |
| Christian: | <input type="checkbox"/> Love Stories | <input type="checkbox"/> Historical | <input type="checkbox"/> Domestic | |
| Chick Lit: | <input type="checkbox"/> Man/Women Relationships | | <input type="checkbox"/> Female Friendship | |
| Adventure: | <input type="checkbox"/> Adventures | <input type="checkbox"/> History | <input type="checkbox"/> Quests | |
| Suspense: | <input type="checkbox"/> Conspiracies | <input type="checkbox"/> Investigations | <input type="checkbox"/> Private Investigation | |
| | <input type="checkbox"/> Murder | <input type="checkbox"/> Crimes | <input type="checkbox"/> Police | |
| Graphic Novels: | <input type="checkbox"/> Teen | <input type="checkbox"/> Adult | <input type="checkbox"/> Title: _____ | |

What **Non-Fiction** do you like to read/view/listen to? Please check all that apply:

- | | | | | |
|--|------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Biography | <input type="checkbox"/> Canadian History | <input type="checkbox"/> Cookery | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Handicraft | <input type="checkbox"/> Humour | <input type="checkbox"/> Health & Medicine | <input type="checkbox"/> History | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Politics & Government | <input type="checkbox"/> Travel | <input type="checkbox"/> True Crime | <input type="checkbox"/> War/Military | <input type="checkbox"/> World History |

My favourite authors are: _____

I don't want to receive: _____

I would like books in a language other than English: _____

Any other information: _____