

## Delafield at Home Application

### **Participant:**

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

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

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

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

### **Designated Representative:**

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

Phone/Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to get information about account? (Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

### **Library Card Information:**

\_\_\_\_\_ I have a library card. My number is: \_\_\_\_\_

\_\_\_\_\_ I don't have a library card. Please contact me about setting up a library card account.

I am unable to come to the library because of (check one):

\_\_\_\_\_ Age-related issues      \_\_\_\_\_ Illness or Disability      \_\_\_\_\_ Other: \_\_\_\_\_

### **Delivery Time:**

\_\_\_\_\_ Monday 12pm-2pm      \_\_\_\_\_ Wednesday 10am-12pm      \_\_\_\_\_ Friday 10am-12pm

### **Reading Interests (Circle all that apply):**

Romance	Classic Literature	Biographies	History
Mystery	Christian Fiction	Philosophy	Fine Arts
Science Fiction	Poetry	Religion	Travel
Westerns	Suspense	Self Help	Other: _____

### **Formats/Types of Materials (Circle all that apply):**

Large Print	Regular Print	Paperback	Hardcover
CD Books	Playaways	DVDs	Blue-Rays

I understand that I am responsible for materials delivered to me through the Delafield at Home program.

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Signature of Participant (or Designated Representative if unable to sign)

Date