

# Visiting Library Services Application Form

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

## Personal Information

Full Name			
Address		Home Phone	
City		Cell Phone	
Postal Code		E-mail	

## Alternate Contact Information

Alternate Contact Name: \_\_\_\_\_

Alternate Contact Phone: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

## Your Service Request

**Do you have an Oshawa Public Libraries Card?**

Yes  No

**If yes, card number:** \_\_\_\_\_

**Reason for Visiting Library Service Request:**

\_\_\_\_\_

**Duration of service:**

Permanent  Temporary

**If temporary, duration:** \_\_\_\_\_

**Would you or a designate like to pick-up your prepared items at the library or have them delivered?**

\_\_\_\_\_

**Number of items requested per month:** \_\_\_\_\_

If this request is for a child, what is their reading level?: \_\_\_\_\_

## Your Content Interests

Please check all formats which interest you:

- |  |                                     |                                |
|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Regular Print | <input type="checkbox"/> Audio Book | <input type="checkbox"/> DVD   |
| <input type="checkbox"/> Magazine      | <input type="checkbox"/> Paperback  | <input type="checkbox"/> Daisy |
| <input type="checkbox"/> Large Print   |                                     |                                |

Please check all topics which interest you:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adventure           | <input type="checkbox"/> Fantasy            | <input type="checkbox"/> Romance           |
| <input type="checkbox"/> Animals             | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Science           |
| <input type="checkbox"/> Biographies         | <input type="checkbox"/> Historical Romance | <input type="checkbox"/> Sports            |
| <input type="checkbox"/> Business/Economics  | <input type="checkbox"/> History            | <input type="checkbox"/> Suspense/Thriller |
| <input type="checkbox"/> Canadian Fiction    | <input type="checkbox"/> Inspirational      | <input type="checkbox"/> Travel            |
| <input type="checkbox"/> Children's material | <input type="checkbox"/> Medical Thrillers  | <input type="checkbox"/> True Crime        |
| <input type="checkbox"/> Christian           | <input type="checkbox"/> Mysteries          | <input type="checkbox"/> War               |
| <input type="checkbox"/> Family Sagas        | <input type="checkbox"/> Religion           | <input type="checkbox"/> Westerns          |

Tell us more about your interests: \_\_\_\_\_

\_\_\_\_\_

Who are your favourite authors? \_\_\_\_\_

\_\_\_\_\_

What are your dislikes? \_\_\_\_\_

\_\_\_\_\_

## Terms of Service

I agree to be responsible for any loss or damage of library materials delivered to me resulting from this application and agree to abide by all [rules and regulations of the Oshawa Public Library Board](#).

Oshawa Public Libraries will keep a record of your reading preferences and the library materials you have borrowed to provide better service to you. This list and your personal information are kept confidential and will only be shared with CELA for the purpose of receiving their services in accordance with [our Privacy Policy](#).