

Ajax Public Library
Visiting Library 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 and who may pick up materials on your behalf:

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 Audley

Please indicate your preference (selection depends on availability). Check all that apply:

- Regular print books Large print books Paperback Books on CD/Playaway DVDs
 Magazines Music CDs Video games Talking books (CNIB only)

What do you like to read? Check all that apply:

- Fiction:** Canadian Christian Classics Fantasy General Historical
 Humour Mystery Romance Suspense War Western Others

- Non-Fiction:** Art Gardening History True Crime
 Biography Handicraft Literature War/Military
 Canadian History Humour Politics & Gov't. World History
 Cookery Health & Medicine Travel Others

Please indicate the number of items you would like to receive each month: _____

My favourite authors are: _____

I don't want to receive: _____

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

Statement of confidentiality:

- All information collected is for the purpose of ensuring customer eligibility for service, borrowing, delivery service, and for promoting other library services and programs.
- I understand that receiving Visiting Library 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 Visiting Library Service
Customer/Caregiver

Date: yy/mm/dd

Form: LIB-047	Revised: 21/07/16
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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.

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