



40 East Simmons Street, Galesburg, Illinois 61401 • 309.343.6118

## **Library Card Application and Agreement between Resident and Galesburg Public Library**

Thank you for your interest in Galesburg Public Library's Home Delivery Service! Below you will find information about the service. A library card application is attached. Signing up for and receiving your library card is an indication of your agreement to follow the guidelines set forth below.

### **About the Service**

Galesburg Public Library will deliver materials to you or to your facility's front desk every two weeks.

To request specific items for delivery, you can call 309-343-6118 extension 6. Otherwise, our librarians will select titles for you based on your indicated preferences. Fill out the attached form and return it to us if you would like us to automatically select items for you, in which case you would not need to call us. We cannot track a history of what you have read, so you may receive duplicates if you do not have a specific request.

You may have ten items checked out at a time. Please let us know before your next delivery if you would like to keep any of your items for another two weeks.

If an item is damaged or lost while in your possession, you agree to pay for the cost of repair or replacement.

Please let us know ASAP if you no longer require home delivery.

If you have any questions, please call 309-343-6118.

## Home Delivery Contact Form

Name (Full name including middle initial)

\_\_\_\_\_

Facility \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

How should we contact you? \_\_\_\_\_

By signing below, you agree to agree to abide by the guidelines set forth at the beginning of this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Reading Preference Form

Three (or more) authors you like:

The last three books (or more) you loved:

What did you love about each book?

Preferred format of book:

Regular Print      Large Print

Hardback      Paperback

Audiobook:      CD

Playaway (all-in-one audiobook; earbuds required)

Other interests:      Magazines      DVDs/Blu-rays      Music CDs

Anything else we should know to help choose books for you?

**More detailed questions are listed here. These are optional.**

Indicate the kind of book you like to read, or the kind of movie you like to watch (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adventure                     | <input type="checkbox"/> Biography/Memoir   | <input type="checkbox"/> Christian               |
| <input type="checkbox"/> Family Saga                   | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Historical Nonfiction   |
| <input type="checkbox"/> Horror                        | <input type="checkbox"/> Mystery/Detective  | <input type="checkbox"/> Nonfiction              |
| <input type="checkbox"/> Paranormal                    | <input type="checkbox"/> Romance            | <input type="checkbox"/> Science Fiction/Fantasy |
| <input type="checkbox"/> Western                       |   |  |
| <input type="checkbox"/> Other (please specify): _____ |   |  |

Indicate your preferred settings (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Contemporary                               |  |  |
| <input type="checkbox"/> Other Time Periods (please specify): _____ |  |  |
| <input type="checkbox"/> Africa                                     | <input type="checkbox"/> Antarctica    | <input type="checkbox"/> Asia          |
| <input type="checkbox"/> Australia                                  | <input type="checkbox"/> Europe        | <input type="checkbox"/> North America |
| <input type="checkbox"/> Oceania                                    | <input type="checkbox"/> South America | <input type="checkbox"/> Space         |
| <input type="checkbox"/> Other Locations (please specify): _____    |  |  |

If you indicated interest in Music CDs, check which genres you prefer:

- |                                    |                                       |                                 |
|------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Classical | <input type="checkbox"/> Country      | <input type="checkbox"/> Folk   |
| <input type="checkbox"/> Jazz      | <input type="checkbox"/> Pop          | <input type="checkbox"/> Sacred |
| <input type="checkbox"/> Show      | <input type="checkbox"/> Other: _____ |                                 |

If you indicated interest in magazines, please list any titles you would like:

---

Check the features you would **not** accept in a book (check all that apply):

☐ Extreme Violence   ☐ Explicit Sexuality   ☐ Graphic Language

☐ Other (please specify):

---