

## Home Services Program

Welcome to the Shire of Mundaring Libraries Home Services program. This service is for people who are unable to get to the Library due illness or infirmity. Once we receive this form, we will organise a volunteer to deliver library material to you on a regular basis.

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

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

\_\_\_\_\_

Telephone No: \_\_\_\_\_

### Second Contact Details

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

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

\_\_\_\_\_

Telephone No: \_\_\_\_\_

**Is there any information need to know about when delivering items to your home?**

\_\_\_\_\_

\_\_\_\_\_

**Please note that you are responsible for all items lent to you, and any loss or damage will need to be paid for.**

Signature of Applicant: \_\_\_\_\_

Please complete the following page.

In order to help us bring you items of interest, please complete this form.

1. Which of the following items would you use? (Tick all that apply):

	Fiction	Non-Fiction	Number required per visit
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	_____
Normal Print	<input type="checkbox"/>	<input type="checkbox"/>	_____
Talking Books - CDs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Talking Books - MP3s	<input type="checkbox"/>	<input type="checkbox"/>	_____
DVDs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Magazines	<input type="checkbox"/>		_____
Music CDs	<input type="checkbox"/>		_____

2. Do you like? (Tick all that apply):

Crime  Romance  Historical  Spy/Thriller  Fantasy   
Sci-Fi  Family saga  Classic  War/Naval  Australian   
Other  \_\_\_\_\_

3. What subject areas are you interested in? (Tick all that apply):

Gardening  True Crime  History  Biography  Sport  Cooking   
Travel  Health  Craft  Art  Self-help   
Other  \_\_\_\_\_

4. Please tell us how many items of each type you would like, and anything else you would like us to know about your preferences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_