

Home Library Service Participant Application Form

It may take 4-6 weeks from the time of application to first delivery. Please contact the Home Library Service at 905-546-3222 or hls@hpl.ca to inquire about the status of an application.

Program Participant Information			
Full Name			
Residence/Assisted Living Facility			
Date of Birth (Day/Month/Year)			
Address			
City			
Apartment/Room #		Postal Code	Telephone
Email Address			
Alternate Contact Information			
Full Name			
Email Address		Telephone	

Declaration of Eligibility:

- I declare I am a resident of the City of Hamilton. I have an illness, injury or disability that prevents me from visiting the library in person or carrying library materials. I have been homebound or institutionalized for three (3) months or more.
- I agree to be responsible for any loss or damage of library materials delivered to me as a result of this application and agree to abide by all rules and regulations of the Hamilton Public Library Board.

Signature: _____ **Date:** _____

Home Library Service Participant Application Form

We 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 not shared.

Do we have your permission to keep this information in our files and/or computer?
If you choose "no," you may receive materials previously delivered to you.

- Yes
- No

How many items would you like to receive per month? _____

Some library materials may contain content which offends.
Do you accept materials with:

- Strong Language?
- Violence?
- Explicit Sex?
- None of the Above

Material Types (Please check all that apply):

Print:

- Regular Print
- Large Print
- Paperback
- Hardcover
- Magazines:

- Other:

Non-Print:

- Books on CD
- Playaways
- DAISY (Victor DAISY player required)
- Blu-ray or DVD
 - Comedy
 - Drama
 - Horror
 - Romantic Comedy
 - Other: _____
- Music CDs:
 - Classical
 - Easy
 - Rock
 - Country
 - Other: _____

What do you like to read? (Please check all that apply):

Fiction

- | | |
|---|---|
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Canadian/Local Authors | <input type="checkbox"/> Romance (historical) |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Romance (modern) |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Romance (suspense) |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Horror | <input type="checkbox"/> Spy Stories |
| <input type="checkbox"/> Humour | <input type="checkbox"/> Suspense Thrillers |
| <input type="checkbox"/> Inspirational | <input type="checkbox"/> Western |
| | <input type="checkbox"/> Other: |
- _____

Non-Fiction

- | |
|--|
| <input type="checkbox"/> Animals |
| <input type="checkbox"/> Biographies |
| <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Health and Wellness |
| <input type="checkbox"/> History (Canadian or World) |
| <input type="checkbox"/> Politics |
| <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sports |
| <input type="checkbox"/> Travel |
| <input type="checkbox"/> Other: |
- _____

Favourite Authors/Musicians/Actors:

Please return your signed, completed application form to:

Hamilton Public Library - Home Library Service
55 York Blvd., Box 2700
Hamilton, ON
L8N 4E4