



## VISITING LIBRARY SERVICE

Can't go to the Library? The Library will come to your home!

### Application form

Mr. Mrs. Ms. Miss First name \_\_\_\_\_ Last name \_\_\_\_\_  
(circle one)

Address: \_\_\_\_\_ Apt. / Room No. \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Contact no. \_\_\_\_\_

Brampton Library card no. \_\_\_\_\_

Alternate contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone no. \_\_\_\_\_

The Brampton Library Visiting Service ensures that individuals who are confined to their home due to an injury, illness or disability have access to Brampton Library's materials.

#### Declaration of eligibility:

- I declare that I have an illness, injury or disability that prevents me from visiting the library in person. I do not have anyone who can visit on my behalf.
- I agree to be responsible for any loss or damage of library materials delivered to me as a result of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Do you have a family member or a friend available to pick up and deliver your items on monthly basis?  Yes  No

Name (if applicable) \_\_\_\_\_ Contact number \_\_\_\_\_

## Visiting Library Service - Reader Profile

How many items would you like to receive per monthly delivery? \_\_\_\_\_

Language(s): \_\_\_\_\_

Format:  Regular     Large print     Audio books     DVD     Daisy

### Please check off all topics that you enjoy reading:

- |                                     |  |                                      |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Fiction    | <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Western     |
| <input type="checkbox"/> Adventure  | <input type="checkbox"/> Mystery         | <input type="checkbox"/> Biographies |
| <input type="checkbox"/> History    | <input type="checkbox"/> Inspirational   | <input type="checkbox"/> Religion    |
| <input type="checkbox"/> Romance    | <input type="checkbox"/> Humor           | <input type="checkbox"/> Politics    |
| <input type="checkbox"/> True Crime | <input type="checkbox"/> Health          | <input type="checkbox"/> War         |

Other relevant information \_\_\_\_\_  
(i.e. favourite authors, subjects, dislikes , etc)

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Please return your completed application form to any Brampton Library branch:

**Cyril Clark**  
20 Loafers Lake Lane  
Brampton, ON L6Z 1X9

**Four Corners**  
65 Queen Street East  
Brampton, ON L6W 3L6

**Mount Pleasant Village**  
100 Commuter Drive  
Brampton, ON L7A 0G2

**Chinguacousy**  
150 Central Park Drive  
Brampton, ON L6T 1B4

**Gore Meadows**  
10150 The Gore Road  
Brampton, ON L6P 0A6

**South Fletcher's**  
500 Ray Lawson Boulevard  
Brampton, ON L6Y 5B3

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### Library use only:

Selector \_\_\_\_\_

Volunteer \_\_\_\_\_

Date entered \_\_\_\_\_

Pick up branch \_\_\_\_\_

Personal information is collected under the authority of the Public Libraries Act, R.S.O. 1990, Chap. P44 Section 23, Subsection 4. This information will be used for fundraising and in the management of Library Services. Questions about this collection should be directed to the Chief Executive Officer, 65 Queen Street East, Brampton, ON L6W 3L6; 905-793-4636, ext. 4311.