



## Visiting Library Service Registration Form

*A once-a-month delivery of Library materials for those who are unable to visit the Library due to illness, surgery, age or disability. Deliveries may be by screened volunteers or Library Staff.*

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Apt/Room # \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Family member or friend that we can be contacted if we cannot reach you:

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Name	Relationship	Phone
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### Declaration of Eligibility and Statement of Confidentiality

I declare that I am a resident of the City of Niagara Falls. I have an injury, illness or disability that prevents me from visiting the library in person and/or carrying Library materials.

All information collected is for the purpose of ensuring customer eligibility for service, borrowing, and delivery service. I understand that this service is available to me because I am unable to visit or use Library facilities. My regular Library card will be suspended while I am in the Visiting Library Service program.

1. I authorize the Niagara Falls 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
2. I am responsible for the safe return of all borrowed items
3. A fee may be charged to replace any lost or damaged material
4. A change of address/phone number must be reported to the Visiting Library Service

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Signature of Visiting Library Customer/Caregiver

Date

## **Visiting Library Service - Reader Profile**

**How many items would you like to receive per month?** ( ex. 2 books, 2 music CDs)

**I do not accept** (Check all that apply)

strong language          violence          explicit sex

**What do you like to read?** (Check all that apply)

Bestsellers	Mystery	Animals and Pets
Canadian authors	Romance (modern)	Biographies
Family stories	Romance (historical)	History
Fantasy	Romantic Suspense	Poetry
Historical	Spy Stories	Politics and Government
Inspirational	Suspense/Thrillers	True Crime

**Material Types** (Check all that apply)

Regular Print          Large Print          Paperback          Hardcover

Books on CD          Playaways

**Favourite Authors and Titles/Series that you have read**

**Other material types you may like**

DVD ( Comedy / Drama / Romantic Comedy / Other \_\_\_\_\_ )

Music CDs (what type of music?)

**Please return your completed form to:** Visiting Library Service, Niagara Falls Public Library 4848 Victoria Avenue, Niagara Falls, ON L2E 4C5 OR email it to [vls@nflibrary.ca](mailto:vls@nflibrary.ca)