



A joint program of the Marin County Free Library and Civic Center Volunteers

PATRON APPLICATION

Patron's Name _____ Male or Female

Address _____

Phone _____ Birth Date _____

E-mail _____ Do you use the Internet to access the Library? Yes No

Alt. Contact w/Relationship _____ Phone _____

Library Staff signature _____

Date: ____/____/____ Branch _____

Do you have a library card? Yes or No Card Number: _____

Do you have a disability that prevents you from coming to the library? Yes or No

Are you currently served by Whistlestop, Meals on Wheels or the bookmobile? Yes or No

Would you prefer a male or female volunteer? Male or Female or No Preference

Please indicate the day(s) and time(s) you would prefer the volunteer to deliver library materials:
General preferences like "Afternoons" or "any day but Friday" are fine.

What is your preferred language?

Is there anything about your house the volunteer should know, i.e., (stairs, locked gates, pets, cigarette smoke, etc.?) Yes or No

If yes, please explain: _____

How did you hear about Library Beyond Walls? _____

Submit one copy to Volunteer Coordinator; keep one copy at the library.



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READING PREFERENCE FORM

Name _____

Phone _____

What kinds of books would you like to receive? Check all that apply.

____ Large Print ____ Regular ____ Paperback ____ Large Print Paperbacks

AUDIOBOOKS: ____ cassettes ____ compact discs (CD)

Content: ____ Fiction ____ Non-Fiction

- | | | |
|--|--|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Political | <input type="checkbox"/> Politics/Government |
| <input type="checkbox"/> Animal stories/Nature | <input type="checkbox"/> Other | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Classics | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Artists/artwork | <input type="checkbox"/> Cooking/Cookbooks | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Crafts | <input type="checkbox"/> Science/Technology |
| <input type="checkbox"/> Music/musicians | <input type="checkbox"/> Gardening | <input type="checkbox"/> Science Fiction/Fantasy |
| <input type="checkbox"/> Plays | <input type="checkbox"/> Humor | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Fiction | <input type="checkbox"/> Mystery/Espionage | <input type="checkbox"/> Travel/Geography |
| <input type="checkbox"/> Non-Fiction | <input type="checkbox"/> Personal Finance | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Celebrity | <input type="checkbox"/> Poetry | |
| <input type="checkbox"/> Historical | | |

Other: _____

Who are your favorite authors?

Please list the titles of books you've enjoyed reading:



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Would you like to receive movies on video or DVD? _____

If yes:

____videocassettes (VHS) ____videodiscs (DVD)

Subtitles OK? ____Yes ____No

Types of movies you like (including favorite titles):

Types you dislike:

Would you like to receive music CDs? _____

If yes:

Types of music you like: _____

Favorite composers: _____

Types you dislike: _____

Would you like to receive magazines? _____

If yes:

Favorite titles:

Magazines you dislike: _____

Additional Notes:



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Library Beyond Walls
Patron's Release Form

By my signature below, I hereby agree to hold harmless and release the County of Marin, its officers, employees, representatives, and volunteers from any loss, liability, claim, suit or judgment that may arise out of or in conjunction with the Library Beyond Walls program.

I understand that the library will arrange to have a volunteer deliver the materials to my home. Further, I understand that the volunteer assigned is not required or expected to provide assistance with activities of daily living, or advice on financial or personal matters. Volunteers may choose to engage in these, and other, activities on their own outside the purview of this assignment.

I recognize that any problems or conflicts with the volunteer are to be reported to the Volunteer Coordinator and/or a Library Branch Representative. I understand that I may become ineligible for this program if I do not abide by the guidelines set forth.

I acknowledge that overdue fines usually will be waived and that I am responsible for lost or damaged materials.

Patron's Signature

Date