

Books on Wheels Application Form



Please complete this form and return by mail or in person to Forbush Memorial Library.

Name (please print) _____

Street Address _____

Telephone _____

Email _____

Library Card Number _____ (OR application form attached _____)

Emergency Contact Name & Phone _____

Is your request for:

- Temporary Service (Start _____ End _____)
- Permanent Service

Delivery: (Choose one)

- I will arrange for my own delivery (neighbor, relative, nurse, etc.)

Name and contact # _____

- I need delivery service from the library

What special needs would you like us to be aware of?

Who are your FAVORITE AUTHORS? _____

What are your FAVORITE BOOKS/MOVIES? _____

What types of books/movies do you like LEAST? _____

Help Us Learn About Your Interests

Please check all FORMATS you are interested in receiving.

- REGULAR PRINT BOOKS LARGE PRINT BOOKS AUDIOBOOK CDS DVD MOVIES
 MAGAZINES MUSIC CDS

Please check all the FICTION genres you enjoy.

- ADVENTURE CLASSICS ESPIONAGE/SPY FAMILY SAGAS FANTASY HISTORICAL
 HORROR HUMOROUS MYSTERIES RELIGIOUS ROMANCE (spicy)
 ROMANCE (cozy) SCIENCE FICTION SHORT STORIES SUSPENSE THRILLERS
 WAR STORIES WESTERNS YOUNG ADULT GRAPHIC NOVELS

OTHER: _____

Please check all the NON-FICTION subjects that you enjoy.

- ANIMALS ARTS/CRAFTS BIOGRAPHIES COOKING FITNESS/NUTRITION
 GARDENING HEALTH/MEDICINE HISTORY HUMOR INSPIRATIONAL
 MASSACHUSETTS/NEW ENGLAND INTEREST MUSIC NATURE PHILOSOPHY
 POETRY POLITICS/GOV'T RELIGION SCIENCE SELF HELP SPORTS
 TRAVEL TRUE CRIME BUSINESS GRAPHIC NOVELS

OTHER: _____

Please check all the DVD genres you enjoy.

- ACTION COMEDY DRAMA DOCUMENTARY HORROR MUSICAL ROMANCE
 SUSPENSE TELEVISION SERIES WAR WESTERN FOREIGN

OTHER: _____

Please check all that you wish your materials *NOT CONTAIN*.

- STRONG LANGUAGE VIOLENCE EXPLICIT DESCRIPTIONS OF SEX OTHER: _____