

Application for Outreach Services

St. Charles Public Library

One S. 6th Ave., St. Charles, IL 60174
Phone: 630-584-0076, ext. 219, FAX: 630-584-3448

Applicant's Name: _____

Street Address: _____

Home Phone: _____

Family Contact: Name: _____ Phone: _____

Eligibility & Certification

Please check the reason(s) you require Outreach Services:

- Visual impairment, to degree that would prevent obtaining a driver's license
- Physical disability, hampering ability to get in, out, and around the Library
- Recovery from surgery or injury Ordered bed rest
- Other - please explain: _____

I certify that the above is true and that I am a resident of the St. Charles Public Library District. I promise to abide by the St. Charles Library Rules and Regulations and accept responsibility for materials loaned to me.

Name: _____ Signature: _____ Date: _____

- - - - - For Office Use Only - - - - -

Date of Outreach Orientation: _____

Staff Members Present: _____

Signature of Outreach Services Librarian: _____

Reading Interests

Help us choose titles that you'll enjoy:

1. Indicate the kind of books you would like to read (check all that apply.)

- Romance Mystery/Detective Family Saga Historical
 Biography/Memoir Romantic Suspense Paranormal Romance
 Medical Thriller Spy Gentle Read Christian Legal Thriller
 Western Adventure Horror Fantasy Science Fiction
 Vampires/Zombies Other: _____

2. Check the items you would find **objectionable** in a book.

- Extreme Violence Explicit Sexuality Graphic Language
 Other: _____

3. Check the book format you prefer:

- Regular Print Books Large Print Books Audiobooks eBooks
 eAudiobooks

4. List your favorite authors:

5. List your favorite books:

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