Jack Russell Memorial Library

Connection Services Application

LAST NAME:	FIRST NAME:			
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		
PHONE NUMBER:		EMAIL:		
PATRON DATE OF BIRTH:		MALE	FEMALE	

EMERGENCY CONTACT NAME:
RELATIONSHIP:
CONTACT PHONE NUMBER:

PLEASE READ AND SIGN BELOW:

ONNECTIONS Hartford

I am applying for the privilege of borrowing library materials from Jack Russell Memorial Library. I give permission for use of my library card number to check out materials on my behalf by the Connections Specialist.

I agree that a record of library materials I check out and my reading interests may be kept, with the understanding that this information will be kept confidential.

I declare that I am homebound and unable to go to the Jack Russell Memorial Library due to health, mobility, advanced age, visual impairment, blindness, physical disability, or permanent or temporary incapacity.

Signature:	Date:
FOR LIBRARY STAFF USE ONLY	Please fill out the Reader's
Barcode	interest survey on the other side of form
Patron code	Side of form
Connections Location County & Municipality	JACK RUSSELL MEMORIAL
Staff Initials & Date Approved by Jack Russell Memorial Library Board of Trustees	100 Park Ave. Hartford, WI 53027 262-673 8240 hartfordlibrary.org

READER'S INTEREST SURVEY

NUMBER OF ITEMS EACH MONTH: _____

NONFICTION TOPICS

American History	World History
Nature & Animals	Cooking
Hobbies	Current Events
Romance	Books with Substance
Romantic Suspense	Nice Family Stories
Historical Fiction	Science Fiction
Inspirational/Christian Fiction	Fantasy
	Nature & Animals Hobbies Romance Romantic Suspense Historical Fiction

Other: _____

FAVORITE AUTHORS: If known, please indicate if patron has read up to date on the author.

~

PRINT MATERIALS:	LARGE PRINT	REGULAR PRINT	EITHER FORMAT IS FINE
AUDIOBOOKS:	CDs	PLAYAWAY	EITHER FORMAT IS FINE
DVDS:	YES	NOT INTERESTED	

OTHER PREFERENCES OR COMMENTS?

MATERIAL PREFERENCE:
