



Sign Up & Preference Application

Your Name: _____ Birth Date: ____/____/____
Month Day Year

Address: _____
Street, RR/Fire Number City or Village Zip

Phone: (____) _____

Secondary Contact Information:

Contact Person: _____

Relationship to Patron: _____ Phone: (____) _____

Preferred Delivery Day (check one): Friday or Saturday

Preferred Delivery Time: _____

- Your volunteer will make deliveries on the **first Friday or Saturday of the month.**
- You will be contacted with your volunteer's name and scheduled date/time
- On delivery day, please have the library items from the previous visit ready for the volunteer to pick up.

Check the items you prefer:**Number of Items:**

Regular Print Books	
Large Print Books	
Books on CD (5 max)	
Music CDs	
Magazines	
DVDs (5 max)	
Video Games (3 max) (specify console)	
Children's Picture Books (10 max)	
Children's Board Books (10 max)	
Children's DVDs (5 max)	

Check the genres you prefer:

Fiction:

Mystery	Romance	Science Fiction	Western
Historical Fiction	Fantasy	Poetry	Short Stories

Nonfiction:

Cooking	Sports	Biographies	Travel
True Crime	Religion	Gardening	Self-Help/ Inspirational

Arts/Crafts (specify)

Do You Object to:

Strong Language	Sex	Violence	Horror	Other:
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What topics and/or genres are you interested in?

Who are your favorite authors and/or performers?

If you have any questions about your
Home Delivery Service, please contact
608-827-7405 or email volunteer@midlibrary.org

Library Use Only Total Number of Items: _____

Volunteer Selector _____ Phone (____) _____

Volunteer Driver _____ Phone (____) _____

Participant Library Card Number: _____ Pin: _____