



HOME DELIVERY PATRON PROFILE

Name _____

Address _____ City _____

Birth Date _____ Library Card Number _____

Phone _____ Email _____

Emergency Contact: _____ Phone _____

Address _____

I am a resident of Carroll who is unable to use the Green Forest Public Library because:

- I have a physical disability or chronic illness.
- I am recovering from surgery or illness.
- I have a loss of mobility.
- I am a caregiver for a person with one of the above limitations.

I give permission Green Forest Public Library to keep a record of the library materials sent to me in order to avoid duplication. This information is kept confidential within the library department.

Signature: _____

PLEASE CHECK ALL THAT APPLY:

I prefer LARGE PRINT books. I prefer paperback books.

I have trouble holding large or heavy books.

I would like to receive _____ (number of) books per month.

I would like to receive _____ (number of) audiobooks on CD per month.

I would like to receive _____ (number of) movies on DVD per month.

What types of movies? _____



FICTION / STORIES

- Best sellers
- Mystery (cozy/mild)
- Mystery (thrillers/police)
- Historical fiction
- Science fiction/Fantasy
- Hispanic experience
- Arkansas Fiction
- Romance (mild)
- Romance (wild)
- Classics
- Animal stories
- Other: _____
- Inspirational/Christian
- Westerns
- Humor
- Horror
- Short stories

NONFICTION / INFORMATION

- Biography : historical political Art, crafts, and hobbies
- Hollywood other
- History (era and places) _____
- Arkansas History
- Music
- Poetry
- Psychology and self-help
- Religion _____
- Travel and geography
- True crime
- Other: _____
- Computers
- Cooking
- Fitness and exercise
- Gardening
- Health and medicine
- Nature and animals
- Science and technology
- Sports _____

Please add any comments as well as favorite authors, movies, etc., that will help us choose materials of interest. _____
