



**JACKSON COUNTY LIBRARY SERVICES**

205 S. Central Ave.

Medford, OR 97501

# AT HOME SERVICES

Delivery Program Application

## APPLICANT INFORMATION

Full Legal Name \_\_\_\_\_  
LAST FIRST MIDDLE

Residential Address \_\_\_\_\_  
STREET ADDRESS ROOM/APT #

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Group Residence Name (if applicable) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Best Time to Call \_\_\_\_\_

Email \_\_\_\_\_

Library Card # \_\_\_\_\_

If you do not have a JCLS card, please indicate on the line above.

## ACKNOWLEDGEMENT OF PROGRAM ELIGIBILITY

At Home Services is available to anyone who is unable come into a library due to age, disability, or illness. To be eligible for At Home Services, individuals must meet the following criteria. Please check those that apply to you:

\_\_\_\_\_ I live in Jackson County

\_\_\_\_\_ I am unable to get to the library due to age, disability, or illness

APLEGATE ASHLAND BUTTE FALLS CENTRAL POINT EAGLE POINT GOLD HILL JACKSONVILLE MEDFORD  
PHOENIX PROSPECT ROGUE RIVER RUCH SHADY COVE TALENT WHITE CITY

## EMERGENCY CONTACT

At Home Services will only contact this person if we cannot reach you for an extended period of time. Your emergency contact can be a relative, spouse, friend or group-residence representative

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is your Emergency Contact authorized to receive information about your library account if needed? (check one) Yes \_\_\_ No \_\_\_

## READING HISTORY

Do you consent to At Home Services staff maintaining a reading history of materials checked out using your account? (This can prevent staff from choosing items you've already borrowed.)

\_\_\_ Yes

\_\_\_ No (If you choose "No" then you will be required to select your own materials through the JCLS online catalog.)

Please check one of the following options:

\_\_\_ I would like to receive **only** materials I have placed on hold or requested through the JCLS online catalog.

\_\_\_ I would like to receive materials staff has selected for me based on my reading preferences form and materials I have placed on hold or requested.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



# PATRON PREFERENCES

Please complete this form to ensure a good experience with JCLS At Home Services. You may update your information at any time. The information contained in this profile is strictly confidential.

## TECHNOLOGY ACCESS

Please **circle** the types of technology you have access to in your home.

CD Player

Computer

Internet

E-Book Reader

Television

DVD player

More information about your technology access and preferences.

---

---

## NUMBER AND TYPE OF DESIRED ITEMS

Please **write** the number of items you would like to receive each month in each area.

\_\_\_ Fiction Books

\_\_\_ Nonfiction Books

\_\_\_ Fiction Audiobooks

\_\_\_ Nonfiction Audiobooks

\_\_\_ DVDs (movies)

\_\_\_ DVDs (television shows)

\_\_\_ Music CDs

Please **circle** your preferences in the following areas.

Regular Print

Large Print

No Preference

Light Reading

Serious Books

No Preference

Recent Titles

Classics/Older Titles

No Preference

More information about your number and type preferences.

---

---



## BOOK PREFERENCES

Please circle the types of books you like to read.

### FICTION

Adventure	Classics	Spy/Espionage
Legal Thrillers	Mysteries	Cozy Mysteries
Hard Boiled Mysteries	Westerns	Sci Fi/Fantasy
Christian Suspense	Christian Pioneer	Tame Romance
Racy Romance	Current Best Sellers	Historical Fiction

More information about your reading preferences.

---

---

Favorite Authors

---

---

### NONFICTION

Biography	Cookbooks	Finance	Gardening
Health	History	Hobbies/Crafts	Humor
Nature/Animals	Politics	Religion	Self Help

More information about your reading preferences.

---

---

Favorite Authors

---

---



## DVD PREFERENCES

Please circle the types of movies you like to watch.

Action	Drama	Sci Fi/Fantasy
Classics	Foreign	Documentary
Comedy	Musical	Television

More information about your movie/television preferences.

---

---

Favorite Actors and/or Directors

---

---

Anything else our staff should know about your reading preferences, pet peeves, or books to avoid. Examples include tone (e.g. uplifting vs. dark), character-driven, plot-driven, time periods, regions of interest, etc. Books to avoid could be those with explicit sex or violence.

---

---

---

---

---

---

---

---

---

---

