

JACKSON COUNTY LIBRARY SERVICES

205 S. Central Ave. Medford, OR 97501

AT HOME SERVICES

Delivery Program Application

APPLICANT INFORMATION

Full Legal Name			
LA	ST	FIRST	MIDDLE
Residential Address			
	STREET AD	DRESS	ROOM/APT #
City		State	ZIP
Group Residence Name (if applicable) _		
Mailing Address (if differe	nt)		
City		State	ZIP
Phone	Alter	nate Phone	
Best Time to Call			
Email			
Library Card #			
If you do not have a	JCLS card, ple	ease indicate on th	ie line above.
ACKNOWLEDGEM	ENT OF PI	ROGRAM ELI	GIBILITY
At Home Services is avail due to age, disability, or il individuals must meet the to you:	lness. To be e	ligible for At Home	e Services,
I live in Jackson	n County		
I am unable to	get to the libra	ary due to age, dis	sability, or illness

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	
, , , , , , , , , , , , , , , , , , , ,	authorized to receive information about y (check one) Yes No	our/
READING HISTORY		
•	e Services staff maintaining a reading hist g your account? (This can prevent staff froady borrowed.)	•
Yes		
No (If you choose "No materials through the JCLS	o" then you will be required to select your online catalog.)	own
Please check one of the fol	lowing options:	
I would like to receive or requested through the JCLS	only materials I have placed on hold or S online catalog.	
	materials staff has selected for me based nd materials I have placed on hold or req	•
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 y	our home.			
CD Player Computer Internet				
E-Book Reader Television DVD play	yer			
More information about your technology access and preferen	ces.			
NUMBER AND TYPE OF DESIRED ITEMS				
Please write the number of items you would like to receive each area.	ach month in			
Fiction Books Nonfiction Books				
Fiction Audiobooks Nonfiction Audiobooks				
DVDs (movies) DVDs (television shows)				
Music CDs				
Please check your preferences in the following areas.				
Regular Print Large Print No Prefe	rence			
Light Reading Serious Books No Prefe	rence			
Recent Titles Classics/Older Titles No Prefe	rence			
More information about your number and type preferences.				



BOOK PREFERENCES

Please check the types of books you like to read.

FICTION

Adventure	(Classics	Spy/E	Espionage	
Legal Thrillers	ī	Mysteries	Cozy	Mysteries	
Hard Boiled Mys	steries \	Westerns	Sci F	i/Fantasy	
Christian Suspe	nse Christi	ian Pioneer	Tame	e Romance	
Racy Romance	Currer	urrent Best Sellers Historical Fict		rical Fiction	
•	More information about your reading preferences.				
	, , , , , , , , , , , , , , , , , , ,	51			
Favorite Authors					
Tavonto Admors					
NONFICTION					
Biography	Cookbooks	Finance		Gardening	
Health	History	Hobbies/C	rafts	Humor	
Nature/Animals	Politics	Religion		Self Help	
More information about your reading preferences.					
	•				
Favorite Authors					
. a. onto / tatrioro					



DVD PREFERENCES

Please check the t	ypes of movies y	ou like to watch.	
Action	Drama	Sci Fi/Fantasy	
Classics	Foreign	Documentary	
Comedy	Musical	Television	
More information a	bout your movie/	television preferences.	
Favorite Actors and	d/or Directors		
peeves, or books t	o avoid. Example lot-driven, time p	about your reading preferences include tone (e.g. uplifting veriods, regions of interest, etc. ex or violence.	s. dark),

