

Visiting Library Service Application Form

Brampton Library strives to increase access to our services and resources. Our visiting library service supports individuals who are unable to come into our library branches.* Items are delivered to you by someone you know, or by a library volunteer.

Name:				
Brampton Library	card number:			
Address:				
Email/ Phone nu	mber:			
Reader profile				
How many items	would you like to rece	eive monthly?	 	
Language(s):				
Format (please s	elect all that apply):			
□ Regular	☐ Large print	☐ Audiobooks	\square DVD	☐ DAISY
Please select all	types that you enjoy re	eading:		
□Fiction	☐Science fiction	□Western	□Adventure	
□Mystery	□Biographies	□History	□Inspirational	
□Religion	□Romance	□Humour	□Politics	
□True crime	□Health	□War		

Other information (favourite authors, sub	ojects, dislikes, etc.):			
Do you have someone a family member deliver your items on a monthly basis?	or a friend who is available to pick up and □ Yes □ No			
Contact name:				
Phone number:				
*Please select from the following:				
□ I have an illness, injury, or disability that prevents me from visiting the library in person.				
□ I agree to be responsible for any loss or damage of library materials delivered to me as a result of this application.				
Signature:	Date:			
Please return your completed form to any Brampton Library branch or send it as an email attachment to vls@bramlib.on.ca.				
For a full list of our locations, please visit bramptonlibrary.ca.				
Personal information is collected under the authority of the Public Libraries Act, R.S.O. 1990, Chap. P44 Section 23, Subsection 4. This information will be used for fundraising and in the management of Library Services. Questions about this collection should be directed to the Chief Executive Officer, 65 Queen Street East, Brampton, ON L6W 3L6; 905-793-4636.				
Library use only:				
Selector:	Volunteer:			
Date entered:	Pickup branch:			