



Town of Pelham Public Library

Books on Wheels Patron Profile Sheet

Patron Information:

Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____

Email Address: _____

Emergency Contact Name: _____ Phone #: _____

Current Age Range of Patron: (Voluntary)

Under 18 _____ 18-25 _____ 26-40 _____ 41-50 _____ 51-60 _____ 61-70 _____

71-80 _____ 81-90 _____ 91+ _____

Service Information:

Do you have a current library card? Yes _____ No _____

Eligibility for Service (Check all that apply)

Physical disability _____ Chronic Illness _____ Visual Impairment _____

Convalescing _____ Mobility issues _____ Other: _____

Do you want this service: Long Term _____ Short Term _____

How often would you like delivery? Two times a month _____ Once a month _____

When is the best time for your library material delivery? Mornings _____

Afternoons _____ Early Evening _____

Do you have a computer with internet access at home? Yes _____ No _____

Do you currently have someone that can pick up pre-selected library materials for you?

Yes _____ No _____

If yes, what is their name and telephone number?

Name: _____

Phone # _____

If no, please fill in name of volunteer once matched:

Volunteer's Name: _____

Phone# _____

Delivery Schedule: _____

Reading Preferences:

Please tell us a little about your reading interests so that we can provide you with the materials that you want.

Type of Library Materials Preferred: (Check all that apply)

Regular Hardcover Books _____

Paperbacks _____

Audio Books on Cassette Tape or CD _____

Magazines _____

Movies and Programs on VHS or DVD's _____

Large Print _____

Type of Literature Preferred: (Check all that apply)

Fiction

Mystery

Western

Romance

Historical

Science Fiction & Fantasy

Light Reading

Suspense/Thriller

Other: _____

Non-Fiction

Biographies

Travel

Sports

Health

History

Crafts & Hobbies

Nature

Other: _____

Favourite Authors:

Notes: _____
