

Application for Shorewood Public Library's Liaison Service



Name: _____

Address: _____

Phone Number: _____

Library Card Number: _____

Do you prefer large print? yes no no preference

Are paperbacks acceptable? yes no no preference

Would you like delivery to your home?

Yes. Please have a volunteer contact me to arrange a good time.

No. Please contact me, and I'll ask someone pick up my items.

Please list/describe your favorite subjects, authors, and genres to help us select books that match your tastes. Let us know if you prefer factual information or just a good story (examples: mysteries, romances, biographies, gardening, health topics, hobby information, etc.).

Are you interested in other items (i.e. music or movies)? _____

I give Shorewood Library permission to check books out on my card and deliver them to my home. I understand I am responsible for items from the time they are delivered until the time they are picked up by a Library Liaison volunteer.

Date _____ Signature _____

TO SUBMIT:

Email:

shorewood@mcfls.org OR

Mail:

Shorewood Public Library,
attn. Library Liaison Service
3920 N. Murray Ave.
Shorewood, WI 53211

OR DROP OFF IN PERSON