

OLATHE PUBLIC LIBRARY – LIBRARY TO YOU SERVICES – 913-971-6843

Name: _____ Date: _____

Address: _____ City/St./Zip: _____

Phone: _____ Email: _____

Emergency Contact (Name & Telephone): _____

Library Card # _____ Birth Date ____/____/____ (used to verify existing library card)

What are your reading interests/favorite authors?

Fiction:

- ___ Adventure
- ___ Bestsellers
- ___ Classics
- ___ Gentle Reads
- ___ Historical
- ___ Humor
- ___ Mystery
- ___ Romance
- ___ Science Fiction/Fantasy
- ___ Westerns

Nonfiction:

- ___ Biography
- ___ Bestsellers
- ___ Health
- ___ History
- ___ Poetry
- ___ Religion
- ___ Self-improvement
- ___ Sports
- ___ Travel

Format:

- ___ CD Audio Books
- ___ Music CDs
- ___ DVDs
- ___ Large Print Books
- ___ Regular Print

Favorite Authors:

Other subjects: _____

PLEASE READ AND SIGN:

I apply for the privilege of borrowing library materials from the Olathe Public Library Library to You Program. I understand that a record is kept on file of library materials checked out and my reading interests. I give permission for library staff to use my card number to check out materials on my behalf with the understanding that my reading history and interests will be kept confidential. I agree to be responsible for all materials checked out to this card and that I am responsible for replacement costs of lost and damaged materials.

Signature: _____

Date: _____

CERTIFICATION OF ELIGIBILITY

(TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL, PROFESSIONAL STAFF PERSON, OR LIBRARIAN)

I certify that the applicant is unable to travel to the library due to:

Visual impairment Disability Lack of transportation Other

Name: _____ Title/Occupation _____

Address: _____ City/St./Zip: _____

Phone: _____ Email: _____

RETURN APPLICATION TO:

Linda Bond
Olathe Indian Creek Library
12990 S. Black Bob Road
Olathe, KS 66062

FAX: 913-971-6839
lbond@olatheks.org
913-971-6843