

What type of books do you enjoy?  
(Tick as many types as you want)

## FICTION

Adventure

Detective

⇒ American

⇒ British

⇒ Either

Historical

Romance

Classics

Family Sagas

General Novel

Spy/Thriller

Western

War

Science Fiction

Science Fantasy

New Zealand Fiction

\*\* (not available in Large Print)

Other (Please specify)

Favourite Authors:

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## NON-FICTION

\*\* (Not available in Large Print)

Biographies (specify type)

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History

Arts & Crafts \*

Cooking \*

Gardening \*

Travel

Wildlife

Religion

Science \*

Literary \*

New Zealand \*

Other Countries (specify) \*

Other Topics (specify)

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For further information:

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[www.rotorualibrary.govt.nz](http://www.rotorualibrary.govt.nz)

**ROTORUA  
LAKES COUNCIL**  
Te kaunihera o ngā roto o Rotorua



For users who are:

Unable to visit either the main library or the Mobile Library, either on a permanent or a temporary basis, because of illness or infirmity;

AND who have no other person readily available to come to the library to select their materials.

Library staff select items for the Housebound borrowers according to the preferences noted on the 'Housebound Borrower Registration Form'.

Volunteer drivers deliver the items every second Tuesday morning.

Arrangements may be made to collect items from the Mobile Library at some stops.

# HOUSEBOUND BORROWER REGISTRATION FORM

Name: Mr/Mrs/Miss/Ms \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address – if different from above: \_\_\_\_\_

Phone No: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Alternative Contact Person: *(someone not living with you)*

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Special Delivery Instructions:

*(e.g. Back or front door, deaf, walking difficulties, etc., OR Collect from Mobile – specify stop)*

## Please indicate which one applies to you:

I am unable to visit the library because of illness or infirmity and there is no other person to select library materials for me.

I wish to receive audio books because of a print disability.

I am unable to visit the library on a temporary basis due to recovery from an illness or injury.

If possible please indicate how long you expect to need the service: \_\_\_\_\_ months.



Please attach referral/confirmation by a medical professional that you are incapacitated. You will be required to supply this information every 12 months from the commencement of the Housebound service.

Normal Library membership conditions apply to the loan of items to Housebound borrowers. You will be charged for the cost of any Lost items.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## PREFERENCES:

What type of material would you like?  
*(Tick as many types as you want)*

Books

Magazines

Talking Books

Picture Books

## How many items?

*(Maximum is 8 items)*

## Which format do you prefer?

*(Tick whichever options suit you)*

Large Print

Ordinary Print

Hardback

Soft cover

No Preference

Continued Over



Library Use Only: Patron type:

ID: \_\_\_\_\_

Barcode: 2320000 \_\_\_\_\_

Date joined Housebound: \_\_\_\_\_