

Jefferson Parish Library

BOOKS BY MAIL

If you are a resident of Jefferson Parish and are unable to leave home because of a temporary or permanent disability, the Jefferson Parish Library BOOKS BY MAIL service will send you books and other library materials free of charge.

The attached application must be filled out completely and signed by a physician, nurse, or social worker who can verify that you are disabled and unable to leave home.

Detach and keep this cover page. Send the following two forms to us through the mail or have someone drop it off for you.

1. The BOOKS BY MAIL APPLICATION completed and signed by you; and
2. The BOOKS BY MAIL *READER PROFILE* listing the types of materials you want to receive.

Send or bring the forms to:

Jefferson Parish Library
ATTN: Outreach Department/Books by Mail Registration
4747 West Napoleon Avenue
Metairie, LA 70001-2310

Once you have sent in your registration materials, you will receive your first BOOKS BY MAIL delivery in a mailing pouch. You will use the same pre-paid pouch to return the books by giving them to your mail carrier. Reverse the address card attached to the front so that the Jefferson Parish Library address is showing. The card shows that the book return is pre-paid so you pay no postage.

**If you have questions, please contact the library's Outreach Department at
(504) 849-8816 or by e-mail at jploutreach@jplibrary.net**

Jefferson Parish Library

BOOKS BY MAIL APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

JEFFERSON PARISH LIBRARY CARD NUMBER _____

If you do not already have a library card, you will also need to complete and send a Library Card Application (attached).

____ I have a computer with Internet access and my e-mail address is:

____ I *do not* use a computer with Internet access.

How did you find out about this service? _____

APPLICANT'S SIGNATURE: _____

Please sign your name.

***Your application *must* be signed by physician, nurse, or social worker.**

(See back side.)



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CERTIFICATION

I certify that _____ is physically unable to travel to the Library.

Certifier's name (please print)

Affiliation

Address _____

City _____ State _____ ZIP _____ Phone _____

CERTIFIER'S SIGNATURE: _____

*Original signature is required.

DATE _____

NOTE: IF DISABILITY IS TEMPORARY, PLEASE INDICATE LENGTH _____

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Jefferson Parish Library

BOOKS BY MAIL

READER PROFILE

NAME _____

Format: ___ Standard Print ___ Books on CD
 ___ Large Print ___ Music on CD
 ___ Hard Cover ___ DVD's
 ___ Paperback

My age group: ___ Adult ___ Senior

Quantity of Items Preferred in Each Shipment:
 ___ Books ___ Audiobooks ___ DVDs

Please choose one of the options below:

___ Please select items for me from the categories I circled below.

___ Do NOT select items for me. Send only the titles I request.

FICTION

Mysteries Suspense Fantasy Science Fiction Horror Adventure
War Stories Animals Humor Romance Historical Fiction Westerns
Short Stories Literary Classics Serious Fiction Ethnic Heritage

NON-FICTION

Psychology Occult Current Events Politics Business Art
Disabilities Animals Cooking Health Poetry Plays Humor
Sports Travel Adventure U.S. History Biographies Music Science
Religion Ethnic Heritage Computers World History

On the back of the paper, please list authors and series you like:



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AUTHORS I LIKE:

SERIES I LIKE:

ANY OTHER INFORMATION THAT WOULD HELP US CHOOSE FOR YOU INCLUDING MORE DETAILED INFORMATION ON OPTIONS YOU INDICATED ON THE PREVIOUS PAGE:

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JEFFERSON PARISH LIBRARY CARD APPLICATION

(PLEASE PRINT)

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

How would you like to be notified of items available on hold or overdue? (select one) email Mail Home Phone
 Work Phone Other Phone
 Mobile via Do not notify me

Birth date: ____/____/____ Gender: ____ Female ____ Male

Text Messages*
**Message & data rates may apply.*

E-mail address: _____

Residence: _____ City: _____ Zip: _____
(If different from mailing)

I am responsible for all library materials borrowed on this card. A library card allows filtered access to the Internet. Unfiltered access can be requested by adults 18 and over.

Signature: _____

If under 18, please list name of parent or guardian: _____

Parent/Guardian Signature: _____

I am responsible for material accessed and/or checked out by this minor.



FOR LIBRARY USE ONLY

User ID: 224000 Expiration Date: _____

Profile: _____ Driver's License #: _____ State: _____

Library: _____

Notes:

Fast add by: _____ Completed by: _____