

# 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 call (504) 849-8816 and ask for Lisa Ciravolo or e-mail her at [lciravolo@jplibrary.net](mailto:lciravolo@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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e-mail her at [lciravolo@jplibrary.net](mailto:lciravolo@jplibrary.net)**

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:



If you have questions, please call (504) 849-8816 and ask for Lisa Ciravolo or  
e-mail her at [lciravolo@jplibrary.net](mailto:lciravolo@jplibrary.net)

AUTHORS I LIKE:

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SERIES I LIKE:

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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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If you have questions, please call (504) 849-8816 and ask for Lisa Ciravolo or e-mail her at [lciravolo@jplibrary.net](mailto:lciravolo@jplibrary.net)



# 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:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Fast add by: \_\_\_\_\_ Completed by: \_\_\_\_\_