

Home Reader Service Application

The City of South Perth's libraries provide the Home Reader Service for those who are unable to visit a library, but wish to stay connected with the community and what it's reading. Following your guidelines, we can select books to read or listen to, which are then delivered by volunteers.

Please complete this form to join our Home Reader Service.

If you live independently, please attach to this form a letter from your doctor stating that you are unable to visit the library on your own.

Borrower name: _____

Address (including room number, if in facility):

Phone number(s): _____ Birthdate: _____

Independent or dependent living? (please circle)

Fortnightly or monthly delivery? (please circle)

A library staff member will contact you to discuss a delivery day.
Are any weekdays not suitable for deliveries?

Home Reader Service Application

Books:

How many each delivery?

Large or normal print? (please circle)

Please circle the genres that you enjoy:

Action/Thriller

Classics

Crime

Family Saga

Historical

Humour

Literary

Romance

Sci Fi /Fantasy

Western

Non-fiction (topics): _____

Favourite authors? _____

Talking books on CD:

How many each delivery?

Note: you need a CD player that plays MP3 format.

Please circle the genres that you enjoy:

Action/Thriller

Classics

Crime

Family Saga

Historical

Humour

Literary

Romance

Sci-Fi/Fantasy

Western

Non-fiction (topics): _____

Home Reader Service Application

DVDs:

How many each delivery?

Please circle the genres that you enjoy:

Action/Adventure

Animation

Anime

Biography

Comedy

Crime/Mystery

Drama

Foreign

Horror

Musical

Romantic Comedy

Sci-Fi/Fantasy

Western/War

TV series (type): _____

Non-fiction (topics): _____

Favourite actors or directors?

Home Reader Service Application

As a library borrower of the Home Reader Service, I agree I will take care of all library items I borrow and return them in good condition. I am aware that any items borrowed from the City of South Perth Library will be my responsibility, while on loan to me, and I agree that any items lost or damaged may incur a fee.

Borrower signature: _____

Date: _____

Second contact (guarantor) name:

Address: _____

Phone number(s): _____

Email: _____

Relationship: _____

The library requests that as a second contact *you agree to take financial responsibility for any accounts that may arise and cannot be dealt with by the borrower indicated above.* Please sign below to agree to financial payment of accounts incurred.

Second contact's signature: _____ Date: _____

Aged care facility name (if applicable):

Contact person name: _____

Address: _____

Phone number(s): _____

Email: _____