**Applicant’s details**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that all library materials lent to me shall receive due care while in my possession and that I will pay for lost and or damaged items and fines if incurred.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement**

If you are signing the agreement on behalf of a family member or a client in a nursing home or hostel please read and complete the agreement below.

I am aware that the abovementioned client is a member of housebound delivery. I agree that in the event that the client is no longer able to be responsible for their library materials I will take responsibility for any fines incurred from lost and or damaged items.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once this form has been completed, please return it to the City via any of the below methods.

Please also complete the library item selection form on the reverse of this page.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🖅 | Email | Scan and email to  library@nedlands.wa.gov.au | 🚹 | or  In person | Nedlands Library  60–64 Stirling Hwy Nedlands  Mt Claremont Library  105 Montgomery Ave Mt Claremont |
| 🖂 | Mail | Post to  City of Nedlands  PO Box 9  NEDLANDS WA 6909 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Library Item Selection**   |  | | --- | | **Patron Name:** | | | |
|  |  |  |
| **Item Type** | **Tick beside your choice below** | **How many would you like each fortnight**  **(Maximum of 12 in total)** |
| Books | Normal print |  |
|  | Large print |  |
|  | | |
| Talking Books | CD |  |
|  | MP3 CD |  |
|  | | |
| Magazines | Tell us what type |  |
|  | |
|
| DVDs | Tell us what type |  |
|  | |
|
| Music CDs | Tell us what type |  |
|  | |
|
| **Please place a tick beside the subjects below that interest you** | | |
| Adventure | Animal Stories | Australiana |
| Crime thriller | Espionage | Family Saga |
| Fantasy | Ghost Stories | History |
| Horror | Humour/Comedy | Mystery |
| Romance | War | Westerns |
| Biographies | Other - please describe: | |
| Non-fiction - please describe: | | |
| Your comments or suggestions | | |

|  |  |  |
| --- | --- | --- |
| **BOW Officer Purposes Only:** | | **New Applicant Checklist** |
| Applicant Details - Complete | |  |
| Agreement with signature - Complete | |  |
| Interview - Complete | |  |
| Volunteer assigned – selection sheet created | |  |
| First delivery day arranged - update delivery sheet | |  |
| Update “BOW Patrons Spreadsheet” | |  |
| Bag tags created | |  |
| Added to rounds on Spydus thick client | |  |
| Notes: |  | |