miami-dade public library system

CONNECTIONS: HOME LIBRARY SERVICES
2455 NW 183 Street, Miami, FL 33056-3641
Tel: 305-474-7251   Fax: 305-474-3032

FACILITY APPLICATION FOR BOOK DEPOSIT COLLECTION
AND PROGRAMMING RESOURCE COLLECTION

❏ I am interested in the Book Deposit Collection
❏ I am interested in the Programming Resource Collection

Facility/Organization _____ Phone _____

Facility Administrator _____ Phone _____

Address _____

City _____ State _____ Zip _____

Site Manager _____ Job Title _____

Best Time to Phone _____ Phone_____

Fax Number _____ Email _____

FACILITY PROFILE – Check one (1)

❏ Nursing Home   ❏ Senior Center   ❏ ALF   ❏ Hospital   ❏ Park

❏ Other (Be Specific): _____

Total number of clients served: _____

Estimated Percentage: Male _____ Female _____

Average Age: Male _____ Female _____

Help us select/recommend materials for your facility by telling us about your clients:

_____

_____

Most convenient branch library to pick up materials? _____
(List of libraries enclosed)

CN-1033 3/21

FOR PROGRAMMING RESOURCE COLLECTION:

What type of educational activities would serve your clients best:

_____

FOR DEPOSIT COLLECTION:

Number of books requested for your collection: _____

How many in: English_____ Spanish _____

Other languages (Be specific): _____

How many in each format: Large Print_____ Regular Print _____

Select reader interest categories (loan period is three months):

❑ General Fiction ❑ Intrigue/Spy
❑ Mystery ❑ Sports
❑ Classics ❑ Humor
❑ Nature ❑ War Fiction
❑ Travel ❑ Biography
❑ Art/Music ❑ Adventure/Suspense
❑ Hobbies/Crafts ❑ Historical Fiction
❑ Family Sagas ❑ Science Fiction
❑ Thrillers ❑ Economics
❑ Romance ❑ Current Events/Politics
❑ Westerns ❑ Self-Help/Health
❑ History ❑ Inspirational
❑ Animals/Pets ❑ Theater/Drama

Additional comments about reading interests:_____

_____

I understand that the facility/organization assumes financial responsibility for the materials we borrow and for making sure the materials are returned to the Miami-Dade Public Library System.

Administrator Signature _____ Date _____

Site Manager Signature_____ Date _____