



Deposit Collection Services Application

Contact Information

Name of Organization: _____ Date: _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Coordinator Name: _____

Phone: _____ Email: _____

Contact Preference: Phone Email

Site Information

Child Care Facility: If selected, see pg. 2 Senior Center: If selected, see pg. 3

Nursing Home: If selected, see pg. 3 Other: If selected, see pg. 4

Collection

Location: _____

Checkout Procedure: Bookmark Sign-out Sheet QR Code

Person(s) Responsible: Staff Volunteer Other, please explain _____

*Responsibilities would include:

- Gather and submit special requests to library staff
- Maintain chosen checkout procedure
- Find and return missing books
- Prepare books for monthly exchange

Child Care Facility

Does your organization provide:

Please select all that apply

- Full-day Half-day After school

Classrooms:

How many? _____

Age of each room?

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____

Size of each room?

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____

Do you have any difference in attendance between summer and school? For example, do you offer an extra program over the summer that attracts more students.

- Yes No

If yes, please explain. _____

Do you have an existing library? Yes No

If so, briefly describe it. _____

Please explain why you would like to have a Deposit collection at your organization.

Nursing Home/Senior Center

Do you have any specialized care units? **Please select all that apply**

Memory Care Assisted Living Independent Living

Other, please explain: _____

Do you have an existing library? Yes No

If so, briefly describe it. _____

Select topics of library materials you would like in the collection deposit. Please check all that apply.

- | | |
|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Mysteries |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Non-Fiction |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Romance |
| <input type="checkbox"/> General Fiction | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> History | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Inspirational | <input type="checkbox"/> Westerns |

Please explain why you would like to have a Deposit collection at your organization.

Other

Briefly describe your organization, including details about the services you provide, the makeup of your users, and about your goal as an institution.

Do you have an existing library? Yes No

If so, briefly describe it. _____

Please explain why you would like to have a Deposit collection at your organization.
