

# 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

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 504-838-1100 and ask for Lisa Ciravolo or e-mail her at [lciravolo@jefferson.lib.la.us](mailto:lciravolo@jefferson.lib.la.us).**

# Jefferson Parish Library

## BOOKS BY MAIL

### APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE 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.

APPLICANT'S SIGNATURE: \_\_\_\_\_

*Please sign your name.*

\*Your application *must* be signed by physician, nurse, or social worker.

(See back side.)



If you have questions, please call 504-838-1100 and ask for Lisa Ciravolo or  
e-mail her at [lciravolo@jefferson.lib.la.us](mailto:lciravolo@jefferson.lib.la.us).

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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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 504-838-1100 and ask for Lisa Ciravolo or e-mail her at [lciravolo@jefferson.lib.la.us](mailto:lciravolo@jefferson.lib.la.us).

**JEFFERSON PARISH LIBRARY CARD APPLICATION**

(PLEASE PRINT)

\*Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

If under 18, please list name of parent or guardian: \_\_\_\_\_

\*Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail address: \_\_\_\_\_

Residence: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from mailing)

Gender: \_\_\_\_ Female \_\_\_\_ Male

**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: \_\_\_\_\_

Signature of parent or guardian for children under 12: \_\_\_\_\_