



**CONNECTIONS  
Hartford**

Facility

# Jack Russell Memorial Library

## Connection Services Application

FACILITY NAME: \_\_\_\_\_ AGENT'S NAME : \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FACILITY DIRECTOR: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

### PLEASE READ AND SIGN BELOW:

I am applying for the privilege of borrowing library materials from Jack Russell Memorial Library as a representative for this facility.

I give permission for use of my library card number to check out materials on my behalf by the Connections Specialist.

I agree that a record of library materials I check out may be kept, with the understanding that this information will be kept confidential.

I understand that all materials checked out on this card are for **residential activities use only**, not for personal reading or viewing interests. I have read the Connections Policy and understand its intended use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR LIBRARY STAFF USE ONLY

Barcode \_\_\_\_\_

Patron code \_\_\_\_\_

Connections Location \_\_\_\_\_  
County & Municipality

Staff Initials & Date \_\_\_\_\_

Approved by Jack Russell Memorial Library Board of Trustees

Please fill out the Facility interest survey on the other side of form

**JACK RUSSELL  
MEMORIAL  
LIBRARY**

100 Park Ave. | Hartford, WI 53027 | 262-673 8240 |  
hartfordlibrary.org

# Facility interest survey

FACILITY NAME: \_\_\_\_\_ AGENT'S NAME : \_\_\_\_\_ DATE: \_\_\_\_\_

## MOVIES

Number of DVDs per month \_\_\_\_\_

Please describe preferences:

## MUSIC

Number of music CDs per month \_\_\_\_\_

Please describe preferences:

## ACTIVITIES

Number of Activity Books per month \_\_\_\_\_

Please indicate the activities and level of interest at your location and we will try to provide materials to support these:

Trivia	High	Some	Not much interest
Jokes	High	Some	Not much interest
Reading	High	Some	Not much interest
Games	High	Some	Not much interest
Crafts	High	Some	Not much interest
Sing-alongs	High	Some	Not much interest
Monthly Planning	High	Some	Not much interest

Please indicate what other activity material you would like to receive each month: