

Torrance Public Library Words on Wheels (WOW)

Patron Registration & Interests Profile

Please complete this form and return it to any Torrance Public Library Service Desk.
OR mail it to: WOW Coordinator: Janice Wierzbicki, Katy Geissert Civic Center Library,
3301 Torrance Blvd. Torrance, CA. 90503.
For questions or assistance with this form, please call (310) 618-5950

Patron Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email _____

Emergency Contact: _____ How did you hear about Words on Wheels?

Friend/ Relative
Flyer
Website

Phone: _____

Other: _____

Format of Materials Desired

| | | | | |
|--|---|---------------------------------------|--|---|
| Audio Books: <input type="checkbox"/> | Large Print Books <input type="checkbox"/> | Music CDs <input type="checkbox"/> | Paperbacks <input type="checkbox"/> | Regular Print Books <input type="checkbox"/> |
|--|---|---------------------------------------|--|---|

Music Preference: _____

Reading Preferences – Fiction

| | | | | | |
|---------------------------------------|---|--|---|---|--------------------------------------|
| Adventure <input type="checkbox"/> | Fantasy <input type="checkbox"/> | Historical Fiction <input type="checkbox"/> | Humor <input type="checkbox"/> | Literary Fiction <input type="checkbox"/> | Mystery <input type="checkbox"/> |
| Romance <input type="checkbox"/> | Religious Fiction <input type="checkbox"/> | Science Fiction <input type="checkbox"/> | Short Stories <input type="checkbox"/> | Suspense/ Thrillers <input type="checkbox"/> | Westerns <input type="checkbox"/> |

Other (specify): _____

Favorite Authors: _____

Reading Preferences – Non-Fiction

| | | | | | |
|---|--|--|---|--|--|
| Animals <input type="checkbox"/> | Biography <input type="checkbox"/> | Business <input type="checkbox"/> | Cooking <input type="checkbox"/> | Crafts/ Decorating <input type="checkbox"/> | Current Events <input type="checkbox"/> |
| Do It Yourself <input type="checkbox"/> | Gardening <input type="checkbox"/> | Health & Medical <input type="checkbox"/> | Historical Events <input type="checkbox"/> | Humor <input type="checkbox"/> | Inspiration <input type="checkbox"/> |
| Interior Design <input type="checkbox"/> | Music <input type="checkbox"/> | Nature <input type="checkbox"/> | Law <input type="checkbox"/> | Literature <input type="checkbox"/> | Poetry <input type="checkbox"/> |
| Politics <input type="checkbox"/> | Psychology <input type="checkbox"/> | Religion <input type="checkbox"/> | Science <input type="checkbox"/> | Sports <input type="checkbox"/> | Travel <input type="checkbox"/> |

Other (specify): _____

For Staff Only

Patron Name: _____ Volunteer _____ Date Assigned _____