

**APPENDIX A
REQUEST FOR COLLECTION DEPOSIT SERVICE**

REQUEST FOR COLLECTION DEPOSIT SERVICE FORM

Facilities that are interested in receiving collection deposit services are asked to fill out this form.

The Library Manager/Director of the closest public or public-school library will consider your collection deposit request based on the service standards set in NBPLS Policy 1079 – Collection Deposit Service available at <http://www.gnb.ca/publiclibraries>.

CONTACT INFORMATION

Facility name: _____

Facility manager: _____

Facility address: _____

Phone number: _____

Collection deposit card number: 2 9525
(where applicable) _____

Email address: (optional*) _____

*IF YOU WOULD LIKE TO RECEIVE AN EMAIL NOTIFYING YOU IN ADVANCE OF WHEN YOUR BORROWED MATERIALS ARE DUE FOR RETURN, PLEASE PROVIDE YOUR EMAIL ADDRESS.

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As the manager of the facility, I understand and agree to the following responsibilities for receiving public library collection deposit services:

- ✓ To accept financial responsibility for materials if not returned;
- ✓ To assign an employee or volunteer who is responsible for:
 - completing a facility profile form that provides information on the reading interests of facility residents/clients/users;
 - picking up the deposit collection from the library as well as gathering, packaging, transporting or shipping materials for return to the library;
 - managing the use of the deposit collection in the facility;
 - taking requests for library materials from individuals to be considered in future collection deposits based on the library's in-house collection;
 - following circulation policies set for collection deposit service.

Signature of Facility Manager:

Date: _____

Signature of Facility Employee or Volunteer: _____

Date: _____

Your request will be considered and you will be contacted as soon as possible.

Collection deposits are prepared once every six weeks.

FACILITY PREFERENCES

What is the language preference for your collection deposit?

- English French Both

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FACILITY PROFILE

What is the age group of the clientele to be served by the collection deposit?
Please check all that apply.

- Babies / Toddlers
- Preschoolers
- Elementary School Students
- Young Adults
- Adults
- Seniors

What styles/topics/formats of library materials would you like in the collection deposit? Please check all that apply.

Fiction

- Comics
- Ghost Stories / Horror
- Indigenous
- Mystery
- Romance
- Science Fiction / Fantasy
- Short Stories
- Western
- Other:

Non-Fiction

- Animals and Pet Care
- Biographies
- Canadian History
- Cooking
- Gardening
- Health / Medicine
- Indigenous
- Science and Technology
- Self-Help and Psychology
- Travel and Geography
- World History
- Other:

Formats

- Easy to Read
- Board Books
- Large Print
- Paperbacks
- Picture Books
- Audio-visual (e.g. audiobooks, CDs, DVDs)

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Please provide examples of authors you would like to receive in the collection deposit:

Please indicate the number of titles you would like to receive in the collection deposit:

- 25 50 75 100 Other: (maximum 400) _____

Every effort will be made to provide collections that meet the needs of the facility. However, limitations may apply in order to balance the service and program requirements of the library.

Please submit this form to your local public library for review by the Library Manager/Director.

For internal use only

Date of review: _____

- Approved Not Approved

Signature of Library Manager/ Director: _____