



Davie County Public Library's Next Chapter Book Club

Member Information Form

Return To: DCPL, 371 N Main St., Mocksville, NC 27028

Contact Club Facilitator: Julie Whittaker; missjulieysl@gmail.com

1. Name _____
2. Address _____

3. Phone numbers _____
4. Email _____
5. How old are you? _____ Birth date: _____
6. How do you travel to places you need or wish to go? _____

7. What kind of books do you like to read? _____
8. Are there things you should not eat or drink? _____
Do you have any health concerns, like seizures, or allergies you think we should know about?

If you have a medical condition that may require immediate attention, your staff person, parent, or guardian, or the person transporting you to book club must remain on the premises during the club meeting.

9. Who should we contact in case of an emergency?
NAME(s) _____ Phone numbers _____
10. How did you learn about the Next Chapter Book Club? _____

Please read or listen carefully to the following statements.

- I understand that Next Chapter Book Club Staff may photograph and/or video me, and I agree they may use these photos or videos for the purpose of telling other people about NCBC.
- I understand I will be asked to pay for replacement books if I lose more than one book.
- I understand that NCBC cannot provide transportation to or from book club. I will arrive at book club on time- no more than 15 minutes or 15 minutes late- and I will be picked up on time.
- I understand that NCBC volunteers cannot provide one-to-one *behavior* support and I will bring someone to help me if I have behavior support needs. I understand the NCBC can ask me to leave the club if my behavior is disruptive, aggressive, or otherwise inappropriate.

Applicant's Name / Signature

Date

Guardian if assigned Name / Signature

Date

Group Name if applicable

Contact: _____

Email: _____

The Next Chapter Book Club facilitator will contact you once this form is received.