



Library **BOOKMOBILE** Service Application

Contact Person: _____

School or Program Name: _____

School or Program Address: _____ ZipCode _____

Phone #: _____ Email: _____ Fax #: _____

- Bookmobile service strives to serve populations that are economically at-risk and/or areas of Louisville that do not have easy access to a branch library. Describe how your program meets these qualifications.
- How will you and your staff maximize the services the library is able to provide through bookmobile? For example, what percentage of classrooms will utilize bookmobile/storytime services?
- Explain what library service means to you; and how will your children and staff benefit from this partnership?
- What is the public library closest to your facility?
- Approximately how far is your site from a public library? _____ miles.
- Circle the days that your site is available for bookmobile or outreach service:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

- What times of the day is your site NOT available for bookmobile or outreach?
- Preschool is given priority when scheduling Bookmobile service.
- Children will check out on a classroom or location card.
- How many children at your site will be using the bookmobile?
- What are the ages of the children using the bookmobile?

Please follow the instructions below and fill in the schedule for service below:

- **Classes can be combined for storytime, but not bookmobile.**
- **Bookmobile staff will need at least a ½ hour lunch scheduled around noon.**
- Typically, storytime & bookmobile time slots are 30 minutes for children 2 years and older and 15 minutes for younger children.
- **Please do not leave any slots blank.** In the past we have been able to do this, but we can no longer accommodate empty slots due to time restraints.
- **Please do not schedule more than 10 time slots for Storytime or Bookmobile.**

Time Slot	Storytime	Bookmobile
	Teacher's Name: Room: Grade:	Teacher's Name: Room: Grade:
	Teacher's Name: Room: Grade	Teacher's Name: Room: Grade
	Teacher's Name: Room: Grade	Teacher's Name: Room: Grade
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Please return this application to us as soon as possible.

*Email: Peter.Howard@lfpl.org
 Fax 574-1833 (fax **BOTH PAGES**)
 Peter Howard
 Main Children's Department
 Louisville Free Public Library
 301 York St.
 Louisville, KY 40203*