

Colorado Talking Book Library Youth Account Application For Free Library Service

PLEASE COMPLETE ALL PAGES OF THE APPLICATION. (*Required Information)

*Name (please print) _____
First Middle Initial Last
*Address _____
*City _____ *State _____ *Zip _____ *County _____
*Phone _____ *Birth Date _____ Email _____

**PARENTAL ACKNOWLEDGMENT FOR NLS SERVICES AND DEVICES,
REQUIRED FOR APPLICANTS WHO ARE MINORS (UNDER 18 YEARS OLD):**

As the parent/guardian of the applicant, I acknowledge that my child will receive services and equipment and that my child will have access to the entire NLS catalog of reading material. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed.

Name _____
First Middle Last
Relationship to patron _____ Email _____
Parent/Guardian signature _____

Eligibility must be certified by one of the following: Professional staff of hospitals, institutions, libraries, schools, and welfare agencies. This includes doctors, nurses, therapists, educators, social workers, counselors, teachers, and library staff.

*Name _____ *Email _____ Phone _____
*Address _____ *City _____ *State _____ *Zip _____
* Profession _____ *Signature _____

ELIGIBILITY REQUIREMENT—Please check only one box.

- ☐ Blindness Visual acuity of 20/200 or less with correction.
- ☐ Visual Disability Inability to read standard print with optical correction.
- ☐ Physical Disability Unable to hold book, turn pages, or track words.
- ☐ Deaf/Blind Complete loss of vision and hearing (Braille).
- ☐ Reading Disability Organic dysfunction causing inability to read standard print.

MEDIA OPTIONS—Please select all media you would like to receive.

- ☐ Audio ☐ Braille ☐ Large Print ☐ Descriptive Video

ADDITIONAL EQUIPMENT

- ☐ Headphones ☐ Braille e-reader (for braille users)

SERVICE OPTIONS—Choose all that apply.

- ☐ I would like access to the BARD mobile app/website. (Requires a valid email address, internet access, and a personal mobile device/personal computer)

Email address for BARD _____

- ☐ I would like a player and books sent to me via USPS.

☐ I would like to select my own books.

☐ Please automatically select my books from the subjects I have indicated on the next page.

- ☐ I would like the following sacred text or Bible _____ If Bible please indicate version/translation _____

Audio books and magazines are recorded in a special format. The playback machines and accessories are the property of the U.S. Government and must be returned to the library when no longer in use.

LANGUAGES OTHER THAN ENGLISH

There are titles in Spanish and a more limited number in other languages. If you want books in other languages, please tell us which: _____

CHILDREN AND TEEN SUBJECT CATEGORIES (partial list)

Please mark all subjects that may be of interest to you. For additional categories to choose from, please call the library. Please keep the library updated, as reading level and interests change. Grade/Interest Level may be different from actual age.

Do not choose books for me which contain:

☐ Strong language

☐ Violence

☐ Sex

☒ JO: Pre-K to grade 2 ☐ J1: grades K to 3 ☐ J2: grades 2 to 4 ☐ J3: grades 3 to 6

☐ J4: grades 4 to 7 ☐ J5: grades 5 to 8 ☐ J6: grades 6 to 9 ☐ YA: grades 9 to 12

FICTION

☐ Nursery Rhymes and Fairy Tales

☐ Family and Friends

☐ Adventure

☐ Award Winners

☐ Bestsellers

☐ Classics

☐ Fantasy

☐ Fairytales

☐ Humor

☐ Mystery

☐ Romance

☐ Scary Stories

☐ School Stories

☐ Science Fiction

☐ Short Stories

☐ Supernatural

NON-FICTION

☐ Animals

☐ Cars and Trucks

☐ Adventure

☐ Biography

☐ Careers

☐ Colorado History

☐ Cooking

☐ Current Events

☐ Folklore and Mythology

☐ Health

☐ History

☐ Humor

☐ Poetry

☐ Religion

☐ Science

☐ Sports

ANY ADDITIONAL INFORMATION TO HELP US CHOOSE YOUR BOOKS:

HOW DID YOU LEARN ABOUT THE TALKING BOOK LIBRARY SERVICE?

- | | | |
|---|--|--|
| ☐ Assisted Living | ☐ Non-profit | ☐ Senior Living |
| ☐ Doctor/Nurse | ☐ Nursing Home | ☐ Support Group |
| ☐ Driving by Location | ☐ Organizations for the Blind | ☐ Therapist |
| ☐ Vocational Rehab | ☐ Outreach | ☐ TV |
| ☐ Friends or Family | ☐ Public Agencies | ☐ VA/Defense Health |
| ☐ Hospice | ☐ Public Library | ☐ Other _____ |
| ☐ Internet/Social Media
(specify) _____ | ☐ School or School Library | |

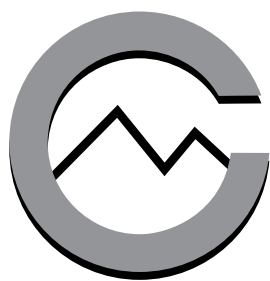
HOW WOULD YOU LIKE TO RECEIVE THE CTBL NEWSLETTER?

- | | |
|--------------------------------------|---|
| ☐ Audio | ☐ Online at the CTBL website |
| ☐ Braille | Please provide an email address |
| ☐ Large Print | _____ |

The Colorado Talking Book Library Is Open Monday Through Friday:

9 a.m. – 4 p.m. Building Hours

8 a.m. – 4:30 p.m. Phone Hours



Need help? Have Questions? Contact the Colorado Talking Book Library

Address: 180 Sheridan Blvd Denver, Co 80226

Phone: 303-727-9277

Toll Free Phone: 1-800-685-2136

Email: ctbl.info@cde.state.co.us

Website: www.myctbl.org



COLORADO
Department of Education
Colorado State Library



Friends of CTBL

