

Draft V-Cat Library Card Application Form

The proposed list of required and optional fields and form are a work in progress and is being presented to V-Cat Council for feedback.

Proposed Required Fields for All Cards:

Legal Last Name(s)
Legal First Name
Legal Middle Name(s)
Former Name(s)
Preferred Name(s)
Date of Birth
Address line 1 - Street, Apt #, P. O, Box
Address line 2 - City, State Zipcode
Secondary Address line 1 - Street, Apt #, P. O, Box
Secondary Address line 2 - City, State Zipcode
County of Residence
Municipality of Residence: City/Town/Village
Phone Number
Email Address
Contact Preference
Contact Disclaimer
Proof of ID Disclaimer
Legal Agreement
Signature
Date Signed

Proposed Required for Minors / Wards:

Disclaimer
Parent / Legal Guardian's Legal Last Name(s)
Parent / Legal Guardian's Legal First Name
Parent / Legal Guardian's Legal Middle Name(s)
Parent / Legal Guardian's Former Name(s)
Date Parent / Legal Guardian's Date of Birth
Parent / Legal Guardian's Address line 1 - Street, Apt #, P. O, Box (if different)
Parent / Legal Guardian's Local Address line 2 - City, State Zipcode (if different)
Parent / Legal Guardian's Phone Number
Parent/ Legal Guardian Legal Agreement - Applying on behalf of a minor
Parent/ Legal Guardian Legal Agreement -Responsibility for selection/use/returning materials/fines
Parent/ Legal Guardian Legal Agreement -Responsibility for monitoring internet use
Parent/ Legal Guardian Legal Agreement - Ability to request library records for minors under 16
Parent / Legal Guardian Signature
Date Parent / Legal Guardian Signed

Proposed Staff Initial Fields Required:

Patron Code 4

Proof of ID / ID Number
Proof of address
Barcode

Proposed Optional Fields:

Parent/ Legal Guardian Restriction / Permission for Internet Use
Staff initial - Patron Code 2
Staff initial - linking
Renewal
Note in record
ID Number - paper form only!
Patron Barcode
newsletter opt in
12 yo minor internet use statements / options
Notice preference of mail only
Gender
Customizable line for notes

DRAFT

Library Name
Space
Address
City, WI ZIP

WVLS Library Borrower Registration
Valid at all WVLS Libraries
Data on this card is confidential according to WI statute 43.30
Please print and fill in all information, Thank you.

Legal Name: Surname(s) First Full Middle(s)
/ /

Former Name: Surname(s) Birthdate: Month / Day / Year Preferred Name(s)

Current/Local Address: Number & Street, Apt #, P.O.Box City State Zip Code

If different from above, Voting/Mailing Address: Number & Street, Apt # City State Zip Code

County (Local Address) City/Town/Village (Local Address)

Phone Number: E-mail:
Contact Preference: Phone Number E-mail Text Mail Only

This space is intended for libraries to add other custom fields that are locally necessary such as patron linking, juvenile patron types, other notes

If signing a library card application for a juvenile, I accept responsibility for fines and charges on that child's card. Initial _____
I acknowledge that it is my responsibility, not the library's, to monitor and approve my child's/ward's choice of library materials and/or other resources. I understand that I can request library records for my custodial child/ward under 16 (WI ST 43.30). Initial _____
My child/ward of 12 years of age or older has permission to use Internet Stations. There are no filters on the Internet Station. A parent or guardian must accompany a minor under 12 years of age. Initial _____ YES NO

I hereby apply for borrowing privileges at **Library Name** and all WVLS V-Cat Libraries. WVLS and all V-Cat Libraries may contact me by text, phone or mail; charges may apply. By signing this agreement, I agree to comply with the policies of each member library with which I do business. I understand that failure to act responsibly may result in suspension of my library borrowing and use privileges, and that failure to pay library fines or return library materials may result in local and state criminal penalties. In the event my library card is lost or stolen, I understand that I am responsible for charges on my account until the date the library is notified of its loss or theft.

Signature / or Patron Guardian's Signature Date:

Print Legal Name Birthdate: Month / Day / Year

Additional Patron Guardian's Signature (optional) Date:

Print Legal Name Birthdate: Month / Day / Year

You must present a government-issued ID with current address or accompanying proof of address at the time of application. Proof of ID: Driver's License State Military Tribal Passport Green Card

Library Staff Use only: PCODE4 _____ Card Link _____ Staff Initials _____
Proof of ID: Barcode: _____