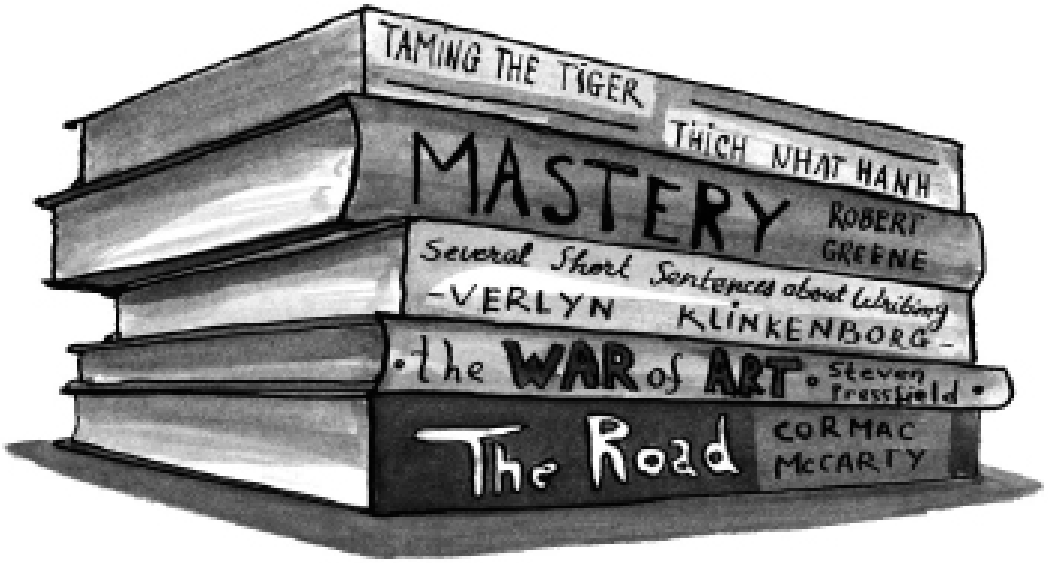
Reader's Journal



Keep track of what you have read at the corrections facility and we'll get you a library card.

Tell Us What You've Been Reading

Keeping a reading journal is simple, just do the following for each book that you read while you're at the facility:

1. Write down the title, author's name, where you got the book and then rate it. One means it was bad and five means it was awesome!

2. Give your reading journal to the library staff at the corrections facility one week before you leave so they can clear any old library fines. You can also put it in the book return box at the facility if you forget or don't see library staff.

3. If you want us to get you a library card, you must completely fill out the last page.

If you have any questions, please talk with library staff when they visit the facility on Wednesdays.

Title: **Author:**

Where did you get the book? ❑ **ACF library** ❑ **Requested from librarians** ❑ **Another resident**

Circle a number to rate this book: **1** **2** **3** **4** **5**
bad ok awesome

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bad ok awesome

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Circle a number to rate this book: 1 2 3 4 5

bad ok awesome

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Tell Us About You So We Can Make You a Library Card

When did you arrive at the corrections facility?

Did you read books on a regular basis BEFORE you arrived at the corrections facility? ❑ Yes ❑ No

Did you get books at the public library BEFORE you arrived at the corrections facility? ❑ Yes ❑ No

Will you read books on a regular basis AFTER you leave the corrections facility? ❑ Yes ❑ No

Will you get books at the public library AFTER you leave the corrections facility? ❑ Yes ❑ No

Tell us about one book from your Reader's Journal. What is the title of the book and why do you think someone else should read it?

If you would like a library card, please completely fill out the following information:

Full Name (include middle name): _____ Birthdate: _____/ _____ / _____

Address: _____ (use previous address if you don't know where you will be living)

City: _____ , MN ZIP Code: _____

Phone: _____ Email: _____ _____

Out date: _____ / _____ / _____ Did you have lost items on your old library card? ❑ Yes ❑ No ❑ Don't know

Which library would you use? (Talk with library staff if you're not sure): _____

What four-digit number do you want for your PIN (some people use the last four numbers in a phone number): _____

May we contact you in the future about your participation in this program and use of the library? (optional) ❑ Yes ❑ No

Signature: _____ Today's date: _____ / _____ / _____

Please give this completed form to library staff when they visit on Wednesdays or put in the book return box at ACF.