LISTENER APPLICATION

Listener Name __________________________________________

Street Address____________________________________________

City_______________ State_______ Zip _____ County _______

Telephone Number _______________________________________

Email Address ___________________________________________

Nature of Disability:
☐ LEGALLY BLIND ☐ PARTIAL VISION
☐ PRINT IMPAIRED DUE TO PHYSICAL DISABILITY
☐ READING DISABILITY - Please specify ______________________

How will you access programming?
☐ a GaRRS Radio Receiver ☐ an Amazon Echo Dot provided by GaRRS
☐ GaRRS Website (garrs.org) ☐ I already have a Dot and just need access
☐ My Telephone

The Program Guide/broadcast schedule is available on our website garrs.org. We can also mail or email it to you. If you would like to receive it, please select one or more options:
☐ Braille ☐ E-mail (Large Print) ☐ Large Print Regular Mail ☐ Don’t send

Would you like to join our Mailing List? ☐ Yes ☐ No

Would you like to learn more about:
☐ GA Library Accessible Services and the Talking Book Library
☐ National Federation of the Blind and Newsline
GaRRS is a 501-c-3 nonprofit organization reliant upon the receipt of donations and grant funds in order to provide reading services. In order for GaRRS to seek grant funds, we request the following optional demographic information. The information will be kept confidential.

**How did you hear about us?**

□ Service Provider  □ Doctor
□ Media  □ Internet  □ Other: __________________________________________

**Race**

□ American Indian or Alaska Native
□ Black or African American
□ Asian
□ Hispanic or Latino
□ White
□ Other

**Gender**

□ Female
□ Male

**Age Range**

□ 0 – 18  □ 19 – 30  □ 31 – 45  □ 46 – 65  □ 65+

**Veteran**

□ Yes  □ No

Is there another individual whom we could contact should a problem arise with delivery or reception of the radio receiver?

**Name of contact person**

**Relationship**

**Home Telephone**

**Work Telephone**

**Street Address**

City  State  Zip

Please RETURN THIS APPLICATION and donation made payable to the Georgia Radio Reading Service, Inc. to:

GaRRS, 260 14th Street NW, Atlanta, GA, 30318-5360

OFFICE USE ONLY: Receiver No. __________ Date: __________