



**GaRRS**

## **LISTENER APPLICATION**

**Listener Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

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### **Nature of Disability:**

- ☐ LEGALLY BLIND ☐ PARTIAL VISION  
☐ PRINT IMPAIRED DUE TO PHYSICAL DISABILITY  
☐ READING DISABILITY - Please specify \_\_\_\_\_

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### **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

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**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

**Georgia Radio Reading Service, Inc. (GaRRS)**  
260 14th Street N.W., Atlanta, Georgia 30318-5360  
garrs.org • 404-685-2820 • 800-672-6173 • info@garrs.org

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 14<sup>th</sup> Street NW, Atlanta, GA, 30318-5360**

**OFFICE USE ONLY: Receiver No. \_\_\_\_\_ Date: \_\_\_\_\_**