MID-CONTINENT
PUBLIC LIBRARY

Library-By-Mail Homebound Services Application

Full Legal Name: _____
First Middle Last

Address: _____
Street

_____
City State Zip code

Date of Birth (MM/DD/YYYY): _____ ☐ Male ☐ Female

Phone Number: (____)_____ **Best time of day to call:** _____ **a.m. p.m.** (Circle one)

Email address: _____

Name of Caregiver (if applicable): _____

For Office Use Only:

Homebound Library Card: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

PIN Number: _____ Anticipated length of service: _____

Existing MCPL Library Card?: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Please Read and Sign Below:

I am applying for the privilege of borrowing library materials from the Mid-Continent Public Library Homebound Services. I give permission for MCPL Staff to use my library card number to check out materials on my behalf.

Signature: _____

I agree that a record of library materials I check out and my reading interests may be kept, with the understanding that my reading history and interests will be kept confidential.

Signature: _____

FAX OR MAIL APPLICATION TO:

Mid-Continent Public Library
Adult Specialist's Office
Homebound Services
15616 E. 24 Highway
Independence, MO 64050

FOR MORE INFORMATION:

816-503-4175
816-521-7260
FAX: 816-521-7253
Email: homebound@mymcpl.org
www.mymcpl.org

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