

HOMECONNECT SERVICE APPLICATION

FIRST NAME		MIDDLE NAME	LAST NAME
MAILING ADDRESS			APT. NO.
CITY		STATE	ZIP CODE
IS THIS A SENIOR RESIDENCE OR NURSING HOME? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, WHICH ONE?			DATE OF BIRTH ____/____/____
PHONE () -		E-MAIL ADDRESS	
DO YOU HAVE A CURRENT LIBRARY CARD? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, WHAT IS YOUR LIBRARY CARD NUMBER?			

PLEASE PROVIDE THE FOLLOWING EMERGENCY CONTACT INFORMATION:

NAME		RELATIONSHIP
PHONE () -		E-MAIL ADDRESS

PLEASE READ AND SIGN

I apply for the privilege of borrowing library materials from the JCL HomeConnect Service. I understand that a record is kept on file of library materials checked out and my reading interests. I give permission for Library Staff to use my card number to check out materials on my behalf with the understanding that my reading history and interests will be kept confidential. I agree to be responsible for all materials checked out to this card and that I am responsible for replacement costs of lost and damaged materials.

Signature: _____ Date: ____/____/____

APPLICANT READING INTERESTS:

Fiction:

- Adventure
- Bestsellers
- Classics
- Gentle Reads
- Historical
- Humor
- Mystery
- Romance
- Science Fiction/Fantasy
- Westerns

Nonfiction:

- Biography
- Bestsellers
- Health
- History
- Poetry
- Religion
- Self-improvement
- Sports
- Travel

Format:

- CD audio books
- Music CDs
- DVDs
- Large print books
- Regular print

Favorite Authors: _____

Other Subjects: _____

A CONFIRMATION LETTER WILL BE MAILED TO YOU WITH INSTRUCTIONS ON HOW TO REQUEST MATERIALS.

CERTIFICATION OF ELIGIBILITY

(TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL, PROFESSIONAL STAFF PERSON, OR LIBRARIAN)

I certify that the applicant is unable to travel to the library due to:

- Visual impairment Disability Lack of transportation Other _____

Applicant Requires:

- Large Print Audio Format No Format Restrictions

NAME	TITLE/OCCUPATION
ADDRESS	PHONE () -

RETURN APPLICATION TO:

Johnson County Library
HomeConnect Service, Box 2933
Shawnee Mission, KS 66201-1333
PHONE: 913-826-4384

FAX: 913-826-4471

EMAIL:

jcl-homeconnect@jocolibrary.org