



# Caswell County Partnership for Children FY 2020-21 Resource Lending Library Application

**Name:** \_\_\_\_\_  
First Last

**Address:** \_\_\_\_\_  
Street Apt. # City State Zip Code

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Please check all boxes that apply for what capacity you will be using the Lending Library:

- Parent/Guardian:** Please enter ages of your children: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- College Student:** College/University's Name: \_\_\_\_\_
- Child Care Provider:** Facility's Name: \_\_\_\_\_
- Community Partner:** Agency's Name: \_\_\_\_\_
- Other:** \_\_\_\_\_

**How many children do you work with and will be impacted by your use of the Lending Library:**

**# of children 0 – 5 years:** \_\_\_\_\_ **# of children 6 years & older:** \_\_\_\_\_

*I have read, understand and agree to follow the policies and procedures for the Caswell County Partnership for Children Resource Lending Library.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Application Received: \_\_\_\_\_ Application Approved:  Yes  No Date \_\_\_\_\_ Staff \_\_\_\_\_