**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*First Last*

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Street* *City State**Zip Code*

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

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| --- |
| 1. **Tell us why you are using the Resource Lending Library** 2. **Are you (you can check more than one):**   🞎 Parent/Guardian  🞎 Homeschool Parent/Guardian  🞎 Early childhood professional (teacher, assistant teacher, director, etc.)  Name of Early Childhood Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 College Student  Name of College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Community Partner (Caswell County Schools, Family Services, 4H, Library, etc.)  Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **I have or work with children:**   🞎 Birth – 5 years: # of Children \_\_\_\_\_\_\_\_\_\_ 🞎 6 years and older: # of Children \_\_\_\_\_\_\_\_\_\_   1. **Tell us about yourself**   ***We are requesting this information to help us better understand the recipients of our funding. Individual***  ***responses will not be shared. Your response is optional and will not impact the services you receive. If you***  ***prefer not to provide a response, check “Prefer not to give.”***   1. **What is your age:**   🞎 15 - 19 🞎 50 - 59  🞎 20 - 29 🞎 60+  🞎 30 - 39 🞎 Prefer not to give  🞎 40 – 49   1. **Are you:**   🞎 Hispanic or Latino 🞎 Non- Hispanic or Latino 🞎 Prefer not to give   1. **Are you (you can check more than one):**   🞎 African American/Black 🞎 Multi-Racial  🞎 American Indian/Alaska Native 🞎 Native Hawaiian/Other Pacific Islander  🞎 Asian 🞎 Other Race  🞎 Caucasian/White 🞎 Prefer not to give |

***I have read and agree to follow the Resource Lending Library policies and procedures.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature Date***

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: 🞎 Yes 🞎 No Staff Initials/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered in RLL LMS: \_\_\_\_\_\_\_\_\_\_\_