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

 *First Last*

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

 *Street* *City State**Zip Code*

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

|  |
| --- |
| 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 – 491. **Are you:**

🞎 Hispanic or Latino 🞎 Non- Hispanic or Latino 🞎 Prefer not to give1. **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: \_\_\_\_\_\_\_\_\_\_\_