



DC Resource Library

A project of Serve DC, the DC Commission on National and Community Service

(202) 724-2229

FAX: (202) 727-9198

CHECK-OUT FORM

Please fill out form completely, and type or print clearly.

IMPORTANT INFORMATION

The undersigned claim responsibility for the following:

- **Replacement cost of materials damaged or lost by the borrower**
- **Return of materials by their due date, or contact the DC Resource Library to request extension**

Borrower's Signature: _____

Borrower's Name and Position: _____

Organization and Project Name: _____

Program Type: ☐ AmeriCorps ☐ Learn and Serve ☐ SeniorCorps ☐ VISTA
☐ State Commission ☐ CNCS ☐ T/TA Provider ☐ America Reads ☐ Other _____

Address (not P.O. Box): _____

City and State: Washington, DC **Zip:** _____

Work Phone: _____ **Fax:** _____

Email: _____

Please list the resources you would like to check out (3 maximum).

1. _____ 2. _____

3. _____

I have read and understood the DC Resource Library Policy and agree to the terms stated. I understand that not following these procedures may lead to the loss of loan privileges. I will assume responsibility for the replacement cost of lost or damaged materials.

Authorized Signature: _____ **Date:** _____

(Must be signed by Agency Representative such as a Project Director, Executive Director, or Supervisor.)

Print Name and Title: _____

Supervisor's Email Address: _____

Please fax this form to:

Jason Hanser, Civic Engagement VISTA Member

Fax: (202) 727-9198