

Imagine's Resource Library Usage Application



Please PRINT legibly. We cannot process your request if we can't read all the information.

SECTION 1. Borrowing information:

About the recipient (person who will be using the equipment/resource):

Name _____

If recipient is a minor, name of parent/guardian: _____

Daytime phone # _____ Alternate phone # _____

Street Address _____

City/state/zip _____ County _____

E-mail _____

The **recipient** is (CHECK ONE): Person w/disability Family/Authorized Rep.
 Employer/Employment service Educator/School/University/Student
 Health, allied health, rehabilitation provider
 Community Living Provider/Community Organization Other _____

If the recipient is a person with a disability, complete this section:

(This section is optional. The information helps us with grants and fundraising. Your personal information will be kept private!)

Date of Birth or Age: _____

If the recipient is served by any of the following "systems", check **all** that apply:

- Regional Center County Mental Health
 Early Intervention Public School Private School
 Department of Rehabilitation In Home Support Services
 Seniors Council
 None Other (specify) _____

Race/Ethnicity: Caucasian African-American Asian Latino
 Other (specify) _____

Gender: Male Female

SECTION 2. Others involved in device use or selection:

Support Person (person who will train/assist recipient in using equipment):

Name/Relationship _____

Agency/Organization _____ Title _____

Address _____

Phone Number _____ Email _____

Person requesting the equipment, if other than recipient:

Name _____

Daytime phone # _____ Alternate phone # _____

Name of agency _____

Street Address _____

City/state/zip _____ County _____

E-mail _____ Relationship to recipient _____

SECTION 3. Borrower's Responsibility and Liability Statements

Please read and sign BOTH the "Borrower's Responsibility and Liability" and the "Release of Liability" statements in Section 3.

The person who is accepting FINANCIAL RESPONSIBILITY for this equipment/resource loan should sign these statements.

Please note that you must IMMEDIATELY report any missing or damaged items in order to minimize your financial responsibility for replacement of missing or damaged items.

BORROWER'S RESPONSIBILITY AND LIABILITY

I understand and agree that I am responsible for proper handling and use of the device(s).

I am responsible for returning all items to Imagine's Resource Library in a timely manner and in accordance with the return due date. I have ensured that the item I am borrowing is of good working order and all components are included.

In the case of loss of a device or components, I will be held financially liable. In the event of loss, I will contact Imagine at **831-464-8355 ext. 2** immediately.

The total replacement value of the item(s) I want to borrow is \$ _____ plus the cost of the shipping case, if applicable.

The item is due on _____.

In the case of theft, I will not be held responsible, as long as I immediately report the incident to the police and provide a copy of the police report to Imagine.

If an equipment breakage or malfunction occurs, I must immediately notify Imagine personnel. I will not be held responsible for equipment breakage or malfunction that occurs during normal use as long as I report it promptly.

I understand it is illegal to copy or distribute any software loaned through Imagine's Resource Library.

Failure to comply with these responsibilities will result in loss of future access to Imagine's Resource Library, in addition to applicable financial liability.

Signature of Responsible Party

Date

Print Name

Phone

RELEASE OF LIABILITY

I agree to indemnify and hold harmless the Imagine, the Imagine Board of Directors, and any and all employees, agents or representatives of Imagine, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against Imagine, in connection with loan(s) from Imagine's Resource Library.

Signature	Date
Print Name	Phone Number

Equipment Requested:

Name of Item	Check out Date

Reason for borrowing (Check all that apply):

- Device trial or evaluation (to find out what kind of device / if a device can help)
- Professional Development or Outreach
- Accommodation (to use in work setting or during a public event)
- Served as loaner during device repair or while waiting for funding
- Other (specify) _____

The equipment/resource will help with (Check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> at School | <input type="checkbox"/> at Home or in Community |
| <input type="checkbox"/> at Work | <input type="checkbox"/> using phone or computer |

Imagine's Resource Library is funded by Imagine, with partial support from the Monterey Peninsula Foundation and the generous support of individual donors.