

RESOURCE LIBRARY CHECK-OUT FORM

NAME: _____ AGENCY: _____

PHONE: _____ EMAIL: _____

Book/Videos Checked Out:

NUMBER: _____ TITLE: _____

I agree to adhere to the policies of the Volunteer Center. I understand that the above materials are to be renewed or returned within two weeks from today's date. If lost or damaged I agree to replace the material(s) or pay a replacement fee to the Volunteer Center of San Francisco.

Signature

Today's Date

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