



EDUCATOR CARD APPLICATION

The Des Moines Public Library understands that not all children in the community have equal access to books and information.

Guidelines for the Educator Card

- The purpose of the Educator Card is to provide access to books for educators in classrooms, home schools and daycares within the city limits of Des Moines and Rural Polk County.
- Books are checked out for 4 weeks and no fines are assessed. Items may not be renewed.
- A maximum of 30 items may be checked out on the card.
- The library cannot provide collections of nonfiction books on a single topic.
- The library reserves the right to limit the number of books borrowed on a single topic.
- The library reserves the right to restrict or limit the inclusion of high-demand items such as new fiction and books on popular topics.
- Audiobooks and music CDs may be checked out, but not DVDs or E-materials.
- Cards are made in the name of an individual educator or caregiver.
- Educators are encouraged to keep all books in the classroom.
- The cardholder must pay for lost books. If a school/daycare is paying for lost materials, the principal/director's signature is required. (A book is considered lost when it is forty days overdue.)
- Cardholders **must** use their personal library card with standard borrowing privileges to check out items for other household members and for recreational reading materials.
- Failure to follow these guidelines may result in loss of borrowing privileges or cancellation of Deposit Card Privileges.

The person(s) who sign(s) this application form agrees to the terms of the Educator Card program above and will take full financial responsibility for any lost library materials loaned to them through the Des Moines Public Library on this program. Please notify the library promptly of any change in ownership, management, or personnel, which may affect the use and/or return of library materials. All cards expire on July 31st of each year and must be renewed by filling out a new application and providing appropriate signatures at that time. Thank you for your cooperation.

New Application

Renewal

Name of School/
Organization: _____

Name: _____ Position: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Other Phone: _____

Email address: _____

Name of principal/director
(if different from above): _____

Signature: _____ Date: _____