

Willamette Falls Media Center

User Reference File

ID# _____

Staff Only

I, (please print) _____,
Applicant/Parent or guardian (if under the age of 18)

will be completely and wholly responsible for the care, safekeeping, and custody of all equipment used in and out of the facility. In the event of loss, theft, damage, or irresponsible use of the equipment, ***I will be held responsible for the total cost of its repair or replacement as determined by Studio Manager or technician from Willamette Falls Media Center.*** Failure to return equipment on time or failure to take proper care of said equipment while in my possession or the possession of my child will result in forfeiture of my right to use access equipment. I have read and understand WFMC's Operating/Rules and will abide by them.

I understand and agree to these conditions.

Signature

Date

Name		Current Employer	
Address			
City/State/Zip		Supervisor	
Phone	()	Supervisor Phone	
Email		Time at Job	

Name of nearest living relative (not living with you)

Address

Phone

Name Two References

Reference #1 (No Relation)

(For Staff: Reference Checked)

Phone

Address

Reference #2 (No Relation)

(For Staff: Reference Checked)

Phone

Address

Staff Approval

Date