

**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES
TOY LOAN CENTER APPLICATION**

2615 S. Grand Ave 2nd Floor LA, CA 90007 Phone (213) 744-4344 FAX (213) 743-9998

Date _____

PROPOSED CENTER NAME

ADDRESS

(Number) (Street) (Ste. #)

(City) (Zip Code) PHONE NUMBER: () -

FAX NUMBER: () -

SPONSOR ORGANIZATION

HEAD TOYRARIAN

(Last) (First) (Middle)

ADDRESS (If different from above)

(Number) (Street) (Ste. #)

(City) (Zip Code) PHONE NUMBER: () -

E-MAIL ADDRESS

OCCASIONALLY WE MAY NEED TO CONTACT YOU OUTSIDE OF OPERATING HOURS. PLEASE PROVIDE THE FOLLOWING INFORMATION:

ALTERNATE CONTACT PERSON

(Last) (First) (Middle)

HOME ADDRESS

(Number) (Street) (Ste. #)

(City) (Zip Code)

DAYTIME PHONE: () - CELL: () -

E-MAIL ADDRESS

PROPOSED HOURS OF OPERATION:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
-	-	-	-	-	-	-

WILL THE CENTER BE OPEN TO CHILDREN IN GENERAL PUBLIC?

AGE RANGE OF CHILDREN BEING SERVED?

LIST ANY SPECIAL GROUP YOUR CENTER WILL BE SERVICING.

TELL US ABOUT THE SPACE YOU WILL BE USING FOR YOUR CENTER.

IS THE SPACE DONATED OR RENTED?

IS THE LOCATION USED FOR ANY OTHER PURPOSE, BUSINESS OR OTHERWISE? IF SO, EXPLAIN.

HOW DID YOU HEAR ABOUT TOY LOAN?



FOR COUNTY USE ONLY

NOTES

PROPOSED DATE OF OPENING

NAME OF VOLUNTEERS

SCHEDULE OF OPERATING HOURS

SPECIAL NEEDS

PROXIMITY TO OTHER CENTERS

OTHER INFORMATION