



LENDING CLOSET

B-101, Bldg. 6400 - USAG Humphreys

757-2363/0503-357-2363

Mon, Tue, Wed, Fri: 0800-1700; Thu: 1200-1700

****Last Tote Issued/Accepted at 1630****

DUE DATE:

Last Name:	First Name:
Korean Cell #:	
E-mail:	

Lending Closet Items Lent Out on a 30 Day Basis not to Exceed 90 Days

To Request a 30-Day Extension:

1. Stop by the Transportation Office (K-204, Bldg. 6400) and ask for an updated HHG status report.
2. Bring a copy of the document to ACS for extension approval.

Staff Use Only: Check Out								
	Qty	Out	In		Qty	Out	In	
Dishes				Cookware				Date Signed Out / Initials
Bowls	4			Baking Pan	1			
Coffee Cups	4			Colander	1			Date Returned / Initials
Glasses	4			Mixing Bowl: Large	1			
Plates	4			Pot: Large w/ lid	1			1st 30-Day Extension / Initials
				Pot: Med w/ lid	1			
Flatware				Skillet				2nd 30-Day Extension / Initials
Forks	4							
Knives: Butter	4			Miscellaneous				
Tablespoons	4			Black Gorilla Tote	1			
Teaspoons	4							
Food Preparation Utensils				Remarks / Missing Items / Condition / Additional Info:				
Can Opener	1							
Knives: (5) with block	1							
Knives: (2)	1							
Ladle	1							
Measuring Cup	1							
Measuring Spoons	1							
Rubber Scraper	1							
Spatula	1							
Spoon: Mixing	1							
Spoon: Slotted	1							
Tongs	1							
Vegetable Peeler	1							Date Entered in CTS / Initials
Whisk	1							
								Date Received in CTS / Initials

HOLD HARMLESS AGREEMENT:

I HEREBY RELEASE FROM LIABILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE GOVERNMENT OF THE UNITED STATES, AND ANY OF ITS EMPLOYEES, AGENTS OR VOLUNTEERS REPRESENTING OR RELATED TO THE GOVERNMENT OF THE UNITED STATES, FOR ANY LIABILITY IN CONNECTION WITH THE USE OR POSSESSION OF THE ITEM. THIS RELEASE IS FOR ANY AND ALL LIABILITY FOR PERSONAL INJURIES (INCLUDING DEATH) AND PROPERTY LOSSES OR DAMAGE OCCASIONED BY, OR IN CONNECTION WITH THE POSSESSION OR USE OF THE EQUIPMENT.

IT IS UNDERSTOOD AND AGREED THAT THIS AGREEMENT IS MADE AND RECEIVED IN FULL AND COMPLETE SETTLEMENT AND SATISFIES THE CAUSE OF ACTION, CLAIMS AND DEMAND MENTIONED HEREIN; THAT THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES; AND THAT THE TERMS OF THIS AGREEMENT ARE CONTRACTUAL AND NOT MERELY A RECITAL. THIS RELEASE SHALL BE BINDING UPON THE UNDERSIGNED.

LOAN POLICY:

1. I, the undersigned, do agree and understand that all lending closet items are loaned out for 30 days at a time, not to exceed 90 days and extensions will only be granted on the availability of incoming household shipment by calling 757-2363. _____ (initials)
2. Lending closet items will be issued out clean and in serviceable condition and returned clean and in serviceable condition. _____ (initials)
3. I will return the above lending closet items on or before the due date, or a date as requested by ACS. _____ (initials)
4. I will replace, and/or pay for items lost or broken while the above items are in my possession. ACS may contact my chain of command if I do not comply with the terms of this agreement. _____ (initials)

SIGNATURE OF CUSTOMER: _____ DATE: _____

ACS STAFF SIGNATURE: _____ DATE: _____

1ST EXTENSION APPROVED ON: _____ BY: _____ FOR _____ DAYS

2ND EXTENSION APPROVED ON: _____ BY: _____ FOR _____ DAYS



USAG HUMPHREYS · ARMY COMMUNITY SERVICE

CLIENT INFORMATION SHEET

Date

DOD ID Number

PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT AUTHORITY : Title 10 U.S. Code Section 10
 PRINCIPLE PURPOSE: To collect data necessary to enroll DoD personnel and their Family members in the Army Community Service (ACS) database. Also used as a tool to aid in delivery of services to DoD personnel and their Family members. Statistical data will be provided to the Department of the Army.
 ROUTINE USES: Used as a record of (1) services requested; (2) services delivered, and (3) actions or services agreed upon. Upon data entry, this form will be filed.
 EFFECT OF WITHOLDING CONSENT: **Voluntary disclosure. Providing information is optional and voluntary.** Not providing information may impede and limit services to individuals seeking assistance.

CLIENT INFORMATION

Client Name (First) _____ (Last) _____ (M.I.) _____

Date of Birth Month: _____ Day: _____ Year: _____ **Gender** M F **Dual Military** Yes No

Marital Status: Single Single Parent Married Divorced Separated Widow(er)

Date of Marriage Month: _____ Day: _____ Year: _____ **Spouse Employed?** Yes No

Email Address:(Preferred) _____

Primary Phone _____ Cell Work Home

Secondary Phone _____ Cell Work Home

Street Address _____

City _____ **State** _____ **Zip** _____

Referred to ACS by: Self-Referred Command AER JAG/Legal Chaplain Military Medical Other

SERVICE MEMBER INFORMATION (SPONSOR)

Rank _____ **Military Unit** _____ **Report Date** _____ **DEROS** _____

Eligibility Status Active Duty Reserve National Guard Veteran Retired Gov't Civilian Employee

* If Active Duty, please indicate career status: First Enlistment/Contract Mid-Career Transitioning

Branch of Service Army Air Force Navy Marines Coast Guard

--- IF YOU ARE NOT THE SERVICEMEMBER / SPONSOR, PLEASE ALSO PROVIDE THE INFORMATION BELOW ---

Relationship to Sponsor Self Spouse Child Other _____

Sponsor's Name _____

Date of Birth Month: _____ Day: _____ Year: _____ **Gender** M F

HOUSEHOLD MEMBERS (Continue on back if additional space is needed)

Name	Date of Birth	Relationship

REASON FOR VISIT

Empty rows for entering the reason for visit.

ADDITIONAL INFORMATION | NOTES

Multiple empty rows for providing additional information or notes.

Employment Readiness Program Needs (check all that apply)

- Job Search Assistance
- Salary Negotiation
- Interview Preparation
- Federal Resume Development
- Federal Resume Review
- Career Fair Preparation
- Private Sector Resume Development
- Private Sector Resume Review
- Other: _____

FOR AER USE ONLY

SSN: _____ **BASD:** _____

Client ETS Date: _____ **Bankruptcy Pending or Current?** Yes No

Pending Elimination from the Military? Yes No **Pending MEB Board?** Yes No