

# Computer and Public User Support Volunteer Agreement

## CHELSEA DISTRICT LIBRARY

Name \_\_\_\_\_ Birthday (month/day) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip code \_\_\_\_\_

Telephone (H) \_\_\_\_\_

(W) \_\_\_\_\_

E-mail \_\_\_\_\_

### Emergency contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

Computer Skills (check those that you know) \_\_\_\_\_ Word \_\_\_\_\_ Excel \_\_\_\_\_ PowerPoint

\_\_\_\_\_ Access \_\_\_\_\_ Internet Explorer \_\_\_\_\_ Basic Search Engines \_\_\_\_\_ Publisher 2003

Other (please list) \_\_\_\_\_

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### Availability

Days (please circle all that apply) M T W Th F S S

Times Mornings \_\_\_\_\_ Evenings \_\_\_\_\_

Afternoons \_\_\_\_\_

How often are you available each week? Weekly?  Twice a week?

Can you make a three-month commitment? Yes  No

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Are there two people you know well, either professionally or personally, who can talk about your ability or experience in working with other people?

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

I have read the job descriptions and guidelines and understand the responsibilities and duties of this position. I understand that I will be accepted to the position under a two-week observation period and may be asked to attend periodic training sessions for updates. I am offering my services as a volunteer. If my offer is accepted, I understand that I will not be entitled to compensation for any services I provide. I also understand that I must obtain and have at all times on duty, a library computer access card with internet permission.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Confidentiality Agreement:**

I understand that I will come in contact with confidential security information that I am not to discuss with anyone not directly involved with the Chelsea District Library. If this confidentiality is violated, I will be asked to sever all ties to the volunteer program.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:**

I give Chelsea District Library permission to publish and use the photographs they have taken of me, named below, for editorial, illustration, advertising or trade purposes. I grant these rights to Chelsea District Library, their photo agency and agents.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:**

You may be scheduled for an interview, depending on availability and library needs.

Assigned to: \_\_\_\_\_ Date assigned: \_\_\_\_\_