

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 you feel comfortable in assisting others/feel qualified to assist the library with:
(Circle or feel free to write in more)

- Microsoft Office 2016, Open Office or LibreOffice
- Twitter, Facebook, Instagram, Snapchat, LinkedIn...
- Cloud Storage (Dropbox, iCloud or OneDrive)
- Podcasting
- Android devices (phones and tablets)
- iOS-Apple devices (phones and tablets)
- Digital Images – software, scanning, manipulation and storage
- Web Design software
- Email – Gmail, AOL, Yahoo, other
- Library downloadables: OverDrive, RGDigital and Hoopla
- Programming Languages
- 3D Printing and CAD software

Availability

Are you available

- the Second and Fourth Tuesdays of each month from 10am-12pm?
- the First Thursday of each month from 2-4pm
- the Third Tuesday of each month from 2-4pm
- at any other times – please list

Can you make at least a three-month commitment? Yes No

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

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 after a two session observation period during our Computer Training 1:1 service 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, an active library card and public computer account.

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: _____