

Soochow University Library Student Volunteer Service Registration Form

【Statement】

For the purpose of volunteer selection and management, list building, necessary contacting, as well as the evaluation, selection and arrangement of jobs based on your expertise and interests will be carried out by means of your basic information. You are allowed to exercise your legal right to inquire, browse, supplement and correct, to request for copies, and to request for the termination of the collection, processing and use of data. For requests regarding the deletion of personal data and other rights, please contact [Tel: 02-28819471 ext. 5132, Email: reader@scu.edu.tw]. (Note: Incomplete information may affect service evaluation)

Date of Filling: _____ (dd/mm/yy)

Volunteer Number (for filling in by the library):

Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Department/ Level		Student ID	
E-mail			
Contact Number	Local Phone Number: ()		
	Mobile Phone Number:		
Personal Strength (Multiple selections allowed)	<input type="checkbox"/> Graphic Design <input type="checkbox"/> Computer Programming		
	<input type="checkbox"/> Event Planning		
	<input type="checkbox"/> Language Abilities (please circle) - English, Japanese, German, Korean, Others _____		
	<input type="checkbox"/> Web Design <input type="checkbox"/> Others _____		
Services of Interest (Multiple selections allowed) <input type="checkbox"/> Reader Service: <input type="checkbox"/> Assisting in the general consulting services of the information desk <input type="checkbox"/> Organizing books on shelves <input type="checkbox"/> Helping readers find books <input type="checkbox"/> Assisting with library tours <input type="checkbox"/> Supporting the library promotional activities <input type="checkbox"/> Assisting in the study room management <input type="checkbox"/> Others _____ <input type="checkbox"/> Technical Service: <input type="checkbox"/> Helping data collection assistance <input type="checkbox"/> Others _____ <input type="checkbox"/> Digital Service: <input type="checkbox"/> Assisting in the scanning and filing of books and materials <input type="checkbox"/> Assisting in digital video editing <input type="checkbox"/> Others _____			
Preferred Service Location: <input type="checkbox"/> Main Library <input type="checkbox"/> Downtown Campus			

Service Hours								
(Please put a tick next to your suitable hours of service: Multiple options allowed)								
Period \ Day	Monday	Tuesday	Wednesday	Thursday	Friday	Period \ Day	Saturday	Sunday
08:00-10:00						09:00-10:00		
10:00-12:00						10:00-12:00		
12:30-13:30						12:30-13:30		
13:30-15:30						13:30-15:30		
15:30-17:00						15:30-17:00		
17:00-19:00						X	X	X
Note								

Contact Person:

Waishuangsi Campus Public Service Division Ms. Hu, Chia-Wei (Phone Number: 02-28819471 Ext. 5122)

Downtown Campus Public Service Division Ms. Cheng, Ya-Ching (Phone Number: 02-28819471 Ext. 2444)

Recruitment Note (for filling in by the library):

- ☐ Public Service Division - circulation, stacks, study room, reference service, periodicals, non-print materials
- ☐ Downtown Campus - circulation, stacks, study room, reference service, periodicals, non-print materials
- ☐ Technical Service Division
- ☐ Digital Systems Division
- ☐ Library office