## 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 car ried 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 colle ction, processing and use of data. For requests regarding the deletion of personal data and other righ ts, please contact [Tel: 02-28819471 ext. 5132, Email: reader@scu.edu.tw]. (Note: Incomplete infor mation may affect service evaluation)

Date of Filling: _	(dd/mm/yy	)							
Volunteer Number	er (for filling in by the library):								
Name		Gender	☐Male ☐Fema	le					
Department/ Level		Student ID							
E-mail									
Contact	Local Phone Number: ( )								
Number	Mobile Phone Number:								
Personal Strength (Multiple selection s allowed)									
Services of Inter Reader Servi	est (Multiple selections allowed)								
Organizing and managing books on shelves.									
☐Technical Service:									
Checking and arranging collection.									
□Digital Service:									
Assisting in the	scanning and filing of books and mate	rials.							
Preferred Service Location:									
☐Main Library ☐Downtown Campus									

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

Contact Person: Waishuangsi Campus Main Library office Ms. Hu, Li-Ling (Phone Number: 02-28819471 Ext. 5102)
Recruitment Note (for filling in by the library):  Public Service Division
Technical Service Division
Digital Systems Division
Downtown Campus