## Soochow University Library Non-school Members Volunteer Service Registration Form

## [Statement]

Date of Filling:

For the purpose of volunteer selection and management, you are required by the school to provide your identification and relevant personal information, as well as emergency contact details. Please al so provide your educational background, occupation, interests, specialties, and place of residence to facilitate our volunteer selection and evaluation procedures, and to improve regional distribution. Li st 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 allow ed 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 th e deletion of personal data and other rights, please contact [Tel: 02-28819471 ext. 5132, Email: read er@scu.edu.tw]. (Note: Incomplete information may affect service evaluation)

(dd/mm/vv)

Volunteer Numb	per (for filling in by the library):							
Name		Gender	☐Male ☐Female					
Age			Retiree In-service staff					
E-mail		Career	(Department/Unit: )  Student (School: )  Others					
Contact	Local Phone Number: ( )							
Number	Mobile Phone Number:							
Emergency Contact Person (mandatory field)	(Contact number:							
Personal Strength (Multiple selection s allowed)								
Reader Service Organizing and in Technical Ser	managing books on shelves.							
Digital Service Assisting in the s	ce: scanning and filing of books and mate	erials.						
Preferred Servi	ce Location:  y 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