Oconee Regional Library System AGENCY Card Registration  Please Print

AGENCY NAME ____________________________

DIRECTOR’S NAME (Last, first, middle): ____________________________

COUNTY: ____________________________ Is this agency in a city limits?: Yes No CITY: ____________________________

PHONE ____________________________

MAILING ADDRESS: ____________________________

CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

DIRECTOR’S HOME ADDRESS: ____________________________

CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

HOME PHONE: ____________________________ DIRECTOR’S E-MAIL: ____________________________

CONTACT PERSON (other than Director): ____________________________ PHONE: ____________________________

STATEMENT OF AGREEMENT

As director for this agency, I apply for the right for agency staff and individuals served by this agency to use the library. I agree that staff and these individuals will comply with all the library’s rules and regulations. I personally accept financial responsibility for all fines and/or damage to all Library materials, audiovisual materials and equipment beyond normal wear and tear, and I agree to pay the current replacement cost for any materials or equipment, which is lost or damaged beyond use while checked out on this card. I agree to give immediate notice of any change of address. I further understand that if I leave the agency, I will be responsible for notifying the library that I am no longer director; whereupon, this account will be suspended until a new director completes new paperwork. If I fail to notify the library that I am no longer director, I understand that I continue to be the responsible party.

SIGNATURE OF AGREEMENT: ____________________________

DRIVER’S LICENSE #: ____________________________

Must be over 18 NOT Social Security #

If you are 17 & 1/2 or over, and are a United States Citizen, would you like to register to vote here today? 

__ NO, I’m already a registered voter.  __ NO, I don’t want to register to vote.  __ YES, I want to register to vote.

STAFF USE:

Date application received: ____________________________ Staff Initials ________

Date application finalized and mailed: ____________________________ Staff Initials ________

Barcode #  2 1 0 4 0 0 0 0

Mailing Label (Please use address where card is to be mailed.)

Name ____________________________

Address ____________________________

City, ST Zip ____________________________

6/15/06
Computer Use Registration Form – Agency with Custodial Rights*

As the Director/Legal Guardian of the minor child (ren) served by this agency, I have read the Computer Acceptable Use Policy. I understand that this access is for educational, informational and recreational purposes only. I recognize and agree that it is impossible for the Oconee Regional Library System to restrict all access to controversial and/or inappropriate materials on Library computers, and I agree that the Library is not responsible in any way for any such materials acquired or viewed by the child(ren) for which I or my agency is the legal guardian. I hereby accept full responsibility for supervising the child (ren) for which I or my agency is the legal guardian during his/her/their use of Library computers.

I understand that any violation of law while using the computers may subject me to criminal prosecution. I understand that if the minor child (ren) or agency staff members violate any rule, our agency’s computer privileges may be revoked and/or appropriate legal action taken.

I further understand that if I leave the agency, I will be responsible for notifying the library and ensuring the individual who replaces me comes in to the library and re-registers for the agency. I will continue to be responsible until the new director completes that paperwork.

__________________________________________________________________________
Agency

Print name of Director/Legal Guardian (Last, First Middle)

__________________________________________________________________________
Signature of Director/Legal Guardian

Date

__________________________________________________________________________
PINES Library Card Number

Witnessed by:

__________________________________________________________________________
Staff Member

Date

* - “Agency” is defined as an organization with custodial rights, i.e. group home.

Computer Use Registration Form – Agency

6/15/2006
Oconee Regional Library