

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 _____ DRIVER'S LICENSE #: _____
OF AGREEMENT: _____ NOT Social Security # _____

Must be over 18

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

Name _____
Address _____
City, ST Zip _____

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.