



## CSLA VOLUNTEER MENTOR REGISTRATION FORM

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Church/Synagogue/Congregation: \_\_\_\_\_

**I volunteer to be a mentor in the following category / categories:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Resources              | <input type="checkbox"/> Program Planning                    |
| <input type="checkbox"/> Archives                     | <input type="checkbox"/> Promotion                           |
| <input type="checkbox"/> Book Groups                  | <input type="checkbox"/> Restarting / Revitalizing a Library |
| <input type="checkbox"/> Book Repair                  | <input type="checkbox"/> Senior Adult Resources              |
| <input type="checkbox"/> Budgeting / Purchasing       | <input type="checkbox"/> Senior Citizen / Mental Stimulation |
| <input type="checkbox"/> Cataloging                   | <input type="checkbox"/> Special Group Resources             |
| <input type="checkbox"/> Computer Automation          | <input type="checkbox"/> Starting a Congregational Library   |
| <input type="checkbox"/> Fundraising                  | <input type="checkbox"/> Storytelling                        |
| <input type="checkbox"/> Library Design / Redesign    | <input type="checkbox"/> Working With Volunteers             |
| <input type="checkbox"/> Policies and Procedures      | <input type="checkbox"/> Young Adult Resources               |
| <input type="checkbox"/> Other - Please Specify _____ |  |

Thank you for registering as a CSLA Volunteer Mentor. Please send this form to:

CSLA Office  
10157 SW Barbur Blvd #102C  
Portland OR 97219-4055  
Phone: 1-800-LIB-CSLA (542-2752) or (503) 244-6919  
Fax: (503) 977-3734  
E-Mail: [csla@worldaccessnet.com](mailto:csla@worldaccessnet.com)

If you have any questions, please contact the CSLA office.