

**Illinois OCLC Users Group
Volunteer Trainer Registration Form**

Name _____

Institutional Affiliation _____

Position _____

Work address _____

Work Phone number _____ Home Phone number _____

Cell number _____ Fax Number _____ E-mail _____

Area(s) of expertise _____

Years of experience with your preferred area of training _____

Briefly describe any previous experience as a trainer _____

Preferred dates for training sessions _____

Dates that you will not be available for training _____

Preferred location for training _____

Would you be able to serve as a substitute or to train an “on demand” session (an unscheduled course that will only be offered if we receive sufficient requests)?

Yes No

Comments _____

Please Return to:

*Cherryl Walker
ILLINET/OCLC Services
Illinois State Library
300 South Second Street
Springfield, Illinois 62701-1796
Jesse White, Secretary of State and State Librarian*