



Information Sheet for Interested Academic Libraries

We are pleased that your library is interested in joining askON. Please provide as much detail as possible. By completing this form you are expressing interest in joining askON. You are not committing your library nor are we guaranteeing that we will be able to accommodate your library in this phase of askON. Print out, complete and fax your response to; 800-387-1181 or save as a word document, complete and email vroy@knowledgeontario.ca

Library Name: _____

Size

of full time students _____ ; # of part-time and/or CE students _____

of faculty/staff _____

Hours – this is not a commitment, it is a prelim. indication of your availability for planning purposes.

Estimated # of hours, per week, that your library could commit to askON _____

Is your library able to commit any hours on weekends? (11am-6pm) Yes _____ No _____

If yes, which day(s) _____ and how many/which hours? _____

Is your library able to commit any hours on weekday evenings (6pm-11pm)? Yes _____ No _____

If yes, which day(s) _____ and how many/which hours? _____

Technology

Is the library's network/IT linked to the institution? Yes _____ No _____

Does the library have control over what software/programs are added to the library network or individual workstations? Yes _____ No _____

Additional comments or details _____

Do you have control over the appearance and info. on the library website?

Yes _____ No _____. Is the library Webmaster on the library staff? Yes _____ No _____

Are staff/workstations able to freely access the Internet? Yes _____ No _____

Are staff/workstations able to create Meebo/hotmail/IM accounts? Yes _____ No _____

Are you able to provide durable guest passwords/accounts to your electronic resources?

Yes _____ No _____ - passwords/accounts must change on a _____ basis.

Staff

of reference service staff: _____(FT)_____ (PT/Contract) _____(Student/Co-op)

How would you describe the experience/training/qualifications of your reference staff (degrees/diplomas, years of experience, subject expertise etc.)? _____

Estimated # of ref. staff who would be trained to staff askON: _____

What percent of your ref. staff are familiar with/use IM? _____%

What percent of your ref. staff are familiar with Web 2.0 tools (wikis, blogs etc)? _____%

Do any of your staff have experience with chat-based virtual reference Yes_____ No _____

If yes, please provide a brief description _____

Has staff expressed interest in working with askON? Yes _____ No _____

Services

Do you have a designated training librarian? Yes_____ No_____

Do you currently offer virtual reference? Yes_____ No_____. If yes, please provide information on the platform, hours of operation, traffic, training, etc. _____

Miscellaneous

Is there anything else that we should know about your library?

Who should we contact about askON and/or the information on this form?

Name: _____ Title: _____

Phone: _____ email: _____