

**Cohort 4**

**INDIVIDUAL INFORMATION FORM**

Submit **by January 9, 2023,** to:

Anne Craig, Senior Director abcraig@uillinois.edu

**Cover Page**

The [Holiday Inn](https://www.ihg.com/holidayinn/hotels/us/en/champaign/cmitc/hoteldetail), 101 Trade Center Drive, Champaign, IL 61820, will be the site for both in-person sessions:

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| **Cohort 4, Session One** | **Cohort 4, Session Two** |
| Arrival dayTuesday | Program day oneWednesday | Program day twoThursday | Arrival dayTuesday | Program day oneWednesday | Program day twoThursday |
| 3/28/2023 | 3/29/2023 | 3/30/2023 | 8/8/2023 | 8/9/2023 | 8/10/2023 |

**Other Cohort 4 dates:**

* CARLI Annual Meeting, tentatively scheduled for **November 16, 2023**, in Champaign.
* CARLI Counts 90-minute webinars (9-10:30 a.m. CT):

**2023**: May 10, June 14, July 12, September 13, October 11, December 13

**2024**: January 10, February 14

* Team meetings to be scheduled by my team mentor

I, Attendee's name here, agree to and confirm the following CARLI Counts participation criteria:

1. I confirm that I am employed by a CARLI Governing Member Library. (Note: A master’s degree in Library and Information Science or other graduate degree is not required to participate.)
2. I commit to attending both CARLI Counts in-person sessions and to participate in all eight webinars and activities such as team meetings. I understand that if I am unable to attend either one of the in-person sessions in its entirety, I am not eligible to participate in the program.
3. I agree to assume responsibility for all travel, including in-transit meals, and for personal and incidental expenses. Lodging and meals upon arrival at the I Hotel will be paid for by the grant.
4. CARLI will pay for the room cost (including tax) only; I understand that I am responsible for incidental expenses incurred at the hotel (a credit card will be requested at check in to cover incidentals).

Meals provided by CARLI are:

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|  | **Arrival day (3/28 & 8/8)****Dinner at 5 p.m.** | **Program day one (3/29 & 8/9)** | **Program day two (3/30 & 8/10)****Ends by 2 p.m.** |
| **breakfast** |  | x | x |
| **lunch** |  | x | x |
| **dinner** | x | x |  |

1. I agree to stay at the conference hotel for all four nights (unless I live in the Champaign/Urbana area; local attendees are not permitted to stay at the hotel due to University of Illinois travel regulations). Do not make your own reservations. **Hotel reservations will be made by the CARLI staff for the evenings of March 28-29 and August 8-9, 2023.**
2. I agree to attend the CARLI Annual Meeting, tentatively scheduled for **November 16, 2023**, in Champaign.
3. I will attend the eight CARLI Counts 90-minute webinars (9-10:30 a.m. CT) and team meetings (to be scheduled by each team).
4. I agree to participate in the arrival day dinners, 5 p.m. on March 28 and August 8, and will plan my arrival time accordingly.
5. I agree to notify CARLI immediately if I must withdraw my participation in CARLI Counts so that another library’s staff member may participate.
6. I understand that, once the project has started, if I must miss a meeting or withdraw my participation due to unforeseen circumstances, I will work with my team and CARLI staff to make the appropriate arrangements.
7. I confirm that I will conduct at least one presentation to a group of library staff members about my experience and my product, with the goal of sharing the knowledge I have learned.
8. I confirm that CARLI may publish my name, title, and organization in conjunction with any photos, videos, or other recordings made during the CARLI Counts program.
9. I agree to participate in the evaluation of the project.
10. I agree to submit a final report of my experience to the CARLI Office in February 2024.

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| **Date:** | Click or tap to enter a date. |  |
| **Signature:** | X |  |
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 **GOVERNING AUTHORITY COMMITMENT**

***To be completed by the library director or dean:***

Please confirm the following for: Attendee's name here

* 1. I confirm the attendee will have the support from this organization to spend time away from work, including travel to and from, during the two, two-day required in-person sessions.
	2. I confirm that the attendee will have the support from this organization to spend time attending the required webinars that will take place during the intersession months and to attend team meetings with their team mentor.
	3. I confirm that the attendee will have time to work on their project.
	4. I confirm that the name of the attendee and organization can appear in press releases, information, and publications about the CARLI Counts Project.
	5. I confirm that I understand that the University of Illinois System/CARLI will hold rights and ownership to the CARLI Counts program but will not use them for commercial gain. The University of Illinois System/CARLI will use best efforts to maintain the integrity of any web-based platforms used to deliver content, such as WordPress blogs or Google Drive applications.

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| **Library name:**  |  |
| **Director or dean printed name:**  |  |
| **Title:**  |  |
| **Date:**   | Click or tap to enter a date.  |
| **Signature of director or dean:** | X |

 **ATTENDEE PERSONAL INFORMATION**

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| **Part I. Required Information** |  |
| Name (last, first): |   |
| Preferred nickname: |   |
| Library name: |   |
| Job title: |   |
| Library address: |   |
| Library phone: |   |
| Email address: |   |
| ***The following will not be published*** |
| Attendee cell phone: |   |
| Emergency contact name: |   |
| Emergency contact phone: |   |
| Emergency contact email: |   |
| I require vegetarian meals: | * Yes ☐ No
 |
| *Vegetarian and non-vegetarian are the only meal choices available. CARLI is unable to accommodate other requests for specific types of foods, or for meals that are vegan, kosher, gluten free, peanut free, etc. The catering services that we use for CARLI events prepare food in commercial kitchens where a wide variety of other foods is being prepared, often using frozen and/or processed products that may have unknown trace ingredients. As a result, they are unable to guarantee that the food is kosher, vegan, gluten free, and/or peanut free.* *Attendees with specific dietary restrictions should plan to provide their own meals.*  |

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| **Part II. Optional Information** |
| * I choose not to respond to this optional section.
 |
| ***This information will not be published in association with the attendee’s name. It is collected for the purposes of evaluation and reporting.*** |
| * Male ☐ Female Age:
 |
| Ethnicity:  |
| Languages spoken other than English:  |
| Certificates or degrees earned:  |

 **VIDEO/PHOTO/AUDIO/WEBINAR CONSENT**

I, the undersigned, do hereby consent to the use by the Consortium of Academic and Research Libraries in Illinois (CARLI) of my image, voice, or both described below, in (1) the video, photograph, audio, or webinar recording described below; and (2) any video, photograph, audio, or webinar recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either CARLI/the University of Illinois System Office or its Foundation.

I warrant that I have the full right and authority to grant this consent.

I understand that all material obtained will be used by CARLI for educational and related purposes, including external distribution via webcast or on-demand streaming in digital format on the internet. CARLI may also share this material with others, as appropriate.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by either CARLI/the University of Illinois System Office or its Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand and by signing this release, hereby agree to its contents.

This is a release for the Consortium of Academic and Research Libraries in Illinois located at:

**CARLI, Champaign, Illinois 61820.**

CARLI is the organization taking the photographs/making the recording(s).

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| **ATTENDEE****Print name: k;k;lk;k**  |  |
| **Address:**  |  |
| **Phone:**  |  |
| **Email:**  |  |
| **Age:**  |  |
| **Date:**   | Click or tap to enter a date.  |
| **Signature:** |  |
|  | X |