

Date: 26 July 2017

Page 1 of 3

Library Volunteer Application Form

| ABOUT YOU | J | | | | | | | | | | | | | | |
|---|----------|----------|---------|---------|----------|---------|---------------|---------|----------|---------|-------|--------|-------|---------|----------|
| Full Name | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Postcode | | | | | | | Date of birth | | | | | | | | |
| Contact number | | | | | | | Email | | | | | | | | |
| Where did you hear about this volunteering opportunity? | | | | | | | | | | | | | | | |
| Which volunteer role(s) are you interested in? | | | | | | | | | | | | | | | |
| Your | MON | | TUES | | WED | | T | THURS | | FRI | | SAT | | UN | Flexible |
| availability please tick closed | AM | РМ | AM | PM | АМ | PM | AM | I PM | АМ | PM | AM | PM | AM | PM | |
| Olooca | | | | | | | <u>I</u> | | | | | | | | <u> </u> |
| Please tell u | ıs a lit | tle abo | out yo | ursel | f, inclu | uding v | vhy y | ou woul | d like t | to volu | untee | r with | the C | ongresl | bury |
| Community I | Library | r, and a | any otr | ner ski | ilis and | d expe | rienc | ce. | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |





Date: 26 July 2017

Page 2 of 3

| Do you have any access requirements (e.g. large print, hearing loop, wheelchair access), please let us know. | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please advise us of any medical conditions or allergie affect your volunteering role. | s that we need to be aware of, or that may | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| EMERGENCY CONTACT DETAILS | | | | | |
| Full Name | | | | | |
| Contact number (day) | (evening) | | | | |
| Mobile | Email | | | | |
| Relationship to you | | | | | |
| | | | | | |
| REFEREE | | | | | |
| Full Name | | | | | |
| Contact number (day) | (evening) | | | | |
| Mobile | Email | | | | |
| Relationship to you | | | | | |
| | | | | | |
| ADDITIONAL INFORMATION | | | | | |
| ADDITIONAL INFORMATION | | | | | |
| Yes No 1) Under the Rehabilitation of Offenders Act 1974, do you have any unspent □ □ criminal convictions? | | | | | |
| If you have ticked yes, please summarise the details on a separate sheet of paper. Having a conviction will not necessarily stop you from volunteering, but we will need to take it into consideration when assessing your suitability. | | | | | |

Date: 26 July 2017

Page 3 of 3

| 2) Are you entitled to volunteer in the UK? | Yes | No |
|--|-----|----|
| If you are from the UK, you are free to volunteer. The majority of EU citizens are free to volunteer within the UK. For those outside the EU you will need to check that your visa allows you to volunteer. We advise you to contact the UK Border Agency to find out about your eligibility volunteer. We may ask to see documentation proving your eligibility to volunteer within the | to | er |
| | | |

| DECLARATIONS | | | | | | |
|---|--|--|--|--|--|--|
| Please tick the boxes indicating you have read and accepted the declarations. | | | | | | |
| | | | | | | |
| I understand that in accordance with Congresbury Community Library's responsibility under the Data Protection Act that information I provide will be held securely and confidentially by the Congresbury Parish Council with regard to Congresbury Community Library. We may share your information with external organisations or individuals where we have a legal obligation to do so, for example to prevent and detect fraud and corruption. | | | | | | |
| I am happy that my contact details will be shared with the members of the Management Group and other volunteers. | | | | | | |
| I am happy to be contacted by the Management Group by telephone and by e mail (if applicable). | | | | | | |
| are that the information I have provided is true. | | | | | | |
| d Date | | | | | | |
| | | | | | | |