

# **Library Service Volunteer Application Form**

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| **Personal details:** |
| Full name:  | Date of Birth:  |
| Address:  |
| Postcode:  |
| Home telephone number:  | Mobile telephone number:  |
| Email address:  |
| **Please indicate which library or libraries you would like to volunteer at:** |
|  |
| **Which of the Library Volunteer roles would you like to apply for? (delete as applicable)** |
| Library Volunteer / Try IT Volunteer / Local Studies Volunteer / Mobile Library Volunteer |
| **Please tell us when you are available to volunteer:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wed | Thurs | Fri | Sat | Sun |
| a.m. |  |  |  |  |  |  |  |
| p.m. |  |  |  |  |  |  |  |

If we think you might be suited to the role we’ll arrange to meet you for a short informal interview.If we have more applications than volunteer places available, we’ll use the statements below to help us select who to invite.

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| **Have you had any previous experience of volunteering or working with the public?** |
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| **What skills and personal qualities do you have that might help you as a** **library volunteer?**  |
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| **Referees:** |
| Please give the name and address of two referees. At least one must be from a previous employer, school/college, or organisation where you have previously volunteered, although the second, if necessary, may be from someone who knows you well but not a relative or partner. Please include an email address if possible. |
| **Referee 1** | **Referee 2** |
| Name:  | Name:  |
| Address: | Address:  |
| Postcode:  | Postcode:  |
| Daytime telephone number:  | Daytime telephone number:  |
| Email address: | Email address: |
| Nature of relationship (e.g. former employer, teacher etc.)  | Nature of relationship (e.g. former employer, teacher etc.)  |
| **Please answer the following questions (delete as appropriate). The Rehabilitation of Offenders Act does not apply in this instance:** |
| Have you **ever** pleaded guilty to or been convicted of a **criminal** offence? | Yes | No |
| Have you ever been bound over by a Court? | Yes | No |
| Have you ever been cautioned by the Police? | Yes | No |
| If you have answered yes to any of the above questions please give details in the space below (these will be treated in the strictest confidence). Having a criminal record will not necessarily bar anyone from volunteering with Inspire. This will depend on the nature of the position and the circumstances and background of the offence. |
|  |
| **Do you have any health conditions (e.g. allergies/medication) that you feel we should be aware of, or any additional support you need to volunteer? Please state:** |
|  |
| **Where did you find out about this volunteering opportunity? Please tick all that apply:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Poster |  | Newspaper |  | Twitter |  |
| Facebook |  | NCC Website |  | Word of mouth |  |
| Local library |  | Inspire Website |  | Other (please state) |

The personal information collected on this form will be processed on a computer to manage your application. If you do volunteer with us, your personal information will be retained whilst you are volunteering and used to keep in touch with you.

**Thank you for taking the time to complete this form. Please return it to** **library.volunteers@inspireculture.org.uk** **or hand it in at your local library.**

Please note, completion of this form does not guarantee a volunteer interview.