

The New Gleadless Library

Volunteer Application Form

CONFIDENTIAL



Full Name:		
Full Address:		
Telephone Number:	Home:	Mobile:
Email:		
Emergency Contact:	Name:	Tel No:

At what times are you interested in volunteering? Please enter the hours in the boxes:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Am:	Am:	Am:	Am:	Am:	Am:
Pm:	Pm:	Pm:	Pm:	Pm:	Pm:

If your availability varies please provide details:

Why would you like to volunteer for the library?

Please provide details of any previous volunteering experience:

Do you know what role you are interested in? E.G. Counter Assistant, Fundraiser, Library Helper. If not, do not worry, simply move onto the next question.

Please tell us of any skills or qualifications that you have:

How can we help you volunteer for the library? For example do you have any medical conditions or a disability?

Any other comments or relevant information :

Please note – no-one is excluded from volunteering at Gleadless Library. However for some regulated activities which involve regular contact with children and/or vulnerable adults a DBS check may be required.

Signature:		Dated:	
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ALL INFORMATION PROVIDED WILL BE TREATED IN ACCORDANCE WITH THE LIBRARY'S DATA PROTECTION POLICY. IF YOU WOULD LIKE TO SEE THE POLICY PLEASE ASK A MEMBER OF COMMITTEE.