



# Library Volunteer Application Form

## ABOUT YOU

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 availability	MON		TUES		WED		THURS		FRI		SAT		SUN		Flexible
please tick <input type="checkbox"/> closed <input type="checkbox"/>	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	<input type="checkbox"/>

**Please tell us a little about yourself**, including why you would like to volunteer with the Congresbury Community Library, and any other skills and experience.



**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 allergies that we need to be aware of, or that may affect your volunteering role.**

### 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

**1) Under the Rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?**

Yes No

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.

		Yes	No
<b>2) Are you entitled to volunteer in the UK?</b>		<input type="checkbox"/>	<input type="checkbox"/>
<p>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 to volunteer. We may ask to see documentation proving your eligibility to volunteer within the UK.</p>			

## DECLARATIONS

Please tick the boxes indicating you have read and accepted the declarations.

<input type="checkbox"/>	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.
<input type="checkbox"/>	I am happy that my contact details will be shared with the members of the Management Group and other volunteers.
<input type="checkbox"/>	I am happy to be contacted by the Management Group by telephone and by e mail (if applicable).

I declare that the information I have provided is true.

Signed

Date