



Volunteer Application Form

Private and confidential

Personal Details

Full name: _____

Any other names by which you have been known: _____

Title (Mr, Mrs, Miss, Ms, etc.): _____

Address:

Home telephone number: _____ Work telephone number: _____

Mobile telephone number: _____

Email address: _____

Date of birth (volunteers must be 18 or over or parental consent given in writing – Page 4): _____

Please circle your ethnic origin: White British | White Irish | Other White | White & Black Caribbean | White & Black African | White & Asian | Other Mixed | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean | African | Other Black | Chinese | Any other ethnic group | Do not wish to disclose.

Are you bilingual? Yes / No

Which languages do you speak? _____

Do you have any specific needs that must be taken into account? Yes / No

Availability

HOURS	MON.	TUES.	WED.	THURS.	FRI.	SAT.
2pm-6pm						
10am-2pm						

Additional Information

Why are you interested in volunteering with Enderby Community Library?

1) Do you have any other relevant skills or experience? Please include your hobbies and interests.

Commitment and Availability

Volunteers are required to undergo training, both initial and ongoing, as well as supervision meetings.

State whether you will be able to attend (please circle): **Daytime | Evenings | Weekends**

To assist in future recruitment please state where you learnt about this volunteering opportunity (please tick all appropriate):

Parish Council Website		Enderby Connection Newsletter		Facebook		Word of mouth	
Noticeboards		The Journal		Twitter		Enderby Library	
Other							

Declaration

Please check that you have answered all questions fully before signing the declaration below.

"I certify that the information given is true and complete to the best of my knowledge and belief."

Signature: _____ Date: _____

Community Service Credit

If you are volunteering to receive Community Service Credit please complete the following: -

Name of school or agency: _____

Number of hours required: _____ Completion Date Required By: _____

Name of teacher or agency contact: _____

Parental Consent

Parental/Guardian Consent Required for Volunteers Under 18 Years of Age

As parent/guardian to this minor, permission is hereby granted for him/her to participate in the volunteer program. My child does not have any physical or medical problems, which would prohibit or limit participation in the volunteer program, except: _____

Parent/Guardian Name: _____

Phone (Daytime) _____ (Evening) _____

Parent/Guardian Signature _____ Date _____

Medical Information

Strictly Confidential - Information divulged will only be used in the event of an emergency

Do you have a health problem we should be made aware of in an emergency? Yes / No

If yes, please describe: _____

Do you take medication for this health problem? Yes / No

If yes, it is: _____

Are you allergic to any medication? Yes / No / Prefer not to disclose (delete as appropriate).

If yes, it is: _____

Please complete and return this form to the address below as soon as possible:

**Volunteer Co-ordinator,
Enderby Library Management Committee,
Civic Centre,
King Street,
Enderby, Leicestershire,
LE19 4NT**

Tel: (0116) 275 3711

Email: library@enderbyparish.org

For Official Use Only:

Volunteer Job Title: _____

Start Date: _____ **Interviewers Signature:** _____

Volunteer Co-ordinator's Signature: _____