

## Sherburn & Villages Community Library volunteer application form

Note that the minimum age for volunteering with the Library is 17 years old. We cannot accept anyone under 17, even with parental permission. For young persons aged 17 or 18 we may ask for proof of parental support.

Please complete the application form, sign and return it to the Library, for the attention of the Volunteer Manager.

## **Contact Details**

1	
Title and full name	
Address (including postcode)	
Home telephone number	
Mobile telephone number	
Email address	
Preferred method of contact	
Date of birth	

mergency contact details - Please can you give the details of a person we should contact in ase of emergency				
Name				
Relationship				
Contact details				
bout you				
Why do you wish to volunteer f	or the library?			
What skills, interests and expe	rience do you feel you car	offer?		
As well as general volunteering Please indicate whether you w				
IT Buddy		YES / NO		

Home Library Service	YES / NO			
For Home Library Service - do you have a current driving licence and access to a car you would be prepared to use for voluntary work?	YES / NO			
For Home Library Service – Note: We may ask you to apply for an enhanced Disclosure and Barring Services (DBS) check. This will be paid for by NYCC.				

When are you available? (please tick sessions – if you can do more than one shift, please indicate any priority you would like us to consider)

Days	Morning	Afternoon	How often and how long will you be able to volunteer for? e.g. weekly for six months, on
Monday			an occasional basis, during school holidays? We would ideally like volunteers to do a regular
Tuesday			shift once a week or fortnight.
Wednesday	CLOSED		
Thursday			
Friday		CLOSED	
Saturday		CLOSED	

Reference				
Please give the names and contact details of one person who we can ask for a reference. This is a character reference so could be a neighbour or friend, or a previous or current employer if they know you personally. They must have known you for at least two years and not be related to you.				
Relationship to you				
Title and full name				
Address (including postcode)				
Daytime contact number				
Email address				

## The information you have provided on this form is necessary for Sherburn in Elmet Community Trust (SIECT) to process your application to volunteer with Sherburn & Villages Community Library. Your information will be stored in accordance with current data protection legislation and will only be used for the purposes set out in our volunteer data protection privacy notice which is hosted on the Trust's website. At no time will your data be made available to any other organisation. In order to proceed with your application, we need your consent to process your personal information in accordance with our privacy notice. I agree to the Trust's use of my personal data to support this application and my role as a volunteer I confirm that the above information is correct to the best of my knowledge. Your signature: Date:

Please return your completed form to the Library or email sherburn.library@siect.uk

Commented [1]:
To add link once on website