

# Library Volunteer Application Form



## Contact Details

Full name			
Address			
Postcode			
Telephone		Mobile	
Email			

Emergency contact name			
Telephone			

Are you a member of the library?	Yes	No	
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How did you hear about this opportunity?	
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## About you

Are you under 18 years old?	No	Yes	If under 18, date of birth	
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Which role(s) are you applying for? (please tick)			
Gardener		Special Events & Promotions	Chess Club Volunteer
Stock Assistant		Work Club Volunteer	Lego Club Volunteer
Home-delivery Service		Noticeboard Volunteer	Other
Reminiscence Café Volunteer		Reading Group Facilitator	
CoderDojo Volunteer		Summer Reading Challenge Volunteer	

If you have ticked 'Other' or are not applying for a specific role, please tell us how you would like to help the library. If proposing a new volunteer led event or activity please outline your idea below.

Which library(ies) are you interested in volunteering for? (please tick)							
Castelnau		East Sheen		Ham		Hampton	
Hampton Wick		Hampton Hill		Kew		Richmond	
Twickenham		Whitton		Teddington		Local studies	

Why are you interested in becoming a library volunteer?

Please tell us about any relevant past employment or voluntary experience.

Please tell us your preferred days and times for volunteering. (please tick)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
After-noon							
Evening							

## Equal Opportunities

The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:

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

Yes		No	
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If you have ticked yes, please summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

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*Please note that it is Richmond Borough policy that volunteers working alongside children and vulnerable adults will be required to provide a Disclosure and Barring Service (DBS) check to the satisfaction of Richmond Libraries.*

## References

Please provide the details of two referees we can contact.

Full name			
Position			
How do you know them?			
Address			
Postcode			
Telephone		Mobile	
Email			

Full name			
Position			
How do you know them?			
Address			
Postcode			
Telephone		Mobile	
Email			

## Declaration

Your details will be kept in accordance with the General Data Protection Regulation 2018. They will be held securely and confidentially.

I declare that the information provided is true.

Signed		Date	
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### Please return completed form to

Your local library or post to:

Volunteer Coordinator, The Cottage, Little Green, Richmond, TW9 1QL

Or email to [libraryvolunteer@richmond.gov.uk](mailto:libraryvolunteer@richmond.gov.uk)