

# Library Volunteer Application Form

## Duke of Edinburgh placement

### Contact details

Full name			
Address			
Postcode			
Telephone		Mobile	
Email			

Date of birth	
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Emergency contact name	
Telephone	

Are you a member of the library?	Yes		No	
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Please note that in order to be eligible for a placement you must live or study in the London Borough of Richmond-upon-Thames.

### DofE contact details

DofE leader name	
Telephone	
Email	

Please fill in the details of your School or Group where you are doing your DofE:

School/Group name	
School/Group contact name	
School/Group address	
School/Group email	
School/Group telephone	

I have attached a letter from my group/school to confirm that I am participating in a Duke of Edinburgh scheme.	Yes	No
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### About your placement

Are you completing your DofE (please tick one)	Bronze	Silver	Gold
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Why are you interested in doing your DofE placement at the library? What are your goals?

Ideal start date or month	
Proposed length of placement (e.g. 3 months, 6 months)	

Please note that your shift will be once a week, for a minimum duration of 2 hours.

Which library(ies) are you interested in volunteering for? (please tick)							
Whitton	<input type="checkbox"/>	Richmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twickenham	<input type="checkbox"/>	Teddington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Sheen	<input type="checkbox"/>	Hampton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Although we endeavour to offer you a placement at your nearest library, this may not always be possible.*

Please tell us your preferred days and times for volunteering. (please tick)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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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### Declaration

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

I declare that the information provided is true.

Signed	<input type="text"/>	Date	<input type="text"/>
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### Parent or Guardian's consent for volunteers under 18 years

I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.

Name of guardian	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

**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)

Please note that all successful applicants will be contacted for an informal interview.

**Thank you!**