

# The Friends of Fleckney Library Volunteer Application Form

Please complete all sections and sign and date the declaration. The information you provide will be used only in connection with volunteering at the library and will be treated in confidence. You will be asked to provide contact details for 2 referees, proof of your identity and evidence of your home address. Thank you for your interest in volunteering at the library.

Return this form to us at the library or by email to: [friendsoffleckneylibrary@gmail.com](mailto:friendsoffleckneylibrary@gmail.com)

<b>YOUR FULL NAME</b>	<b>*Mr / Mrs / Miss / Ms</b>
<b>ADDRESS incl post code</b>	
<b>TELEPHONE NO:</b>	<b>Home:</b>  <b>Work:</b>  <b>Mobile:</b>
<b>Email address</b>	
<b>Date of birth</b>	

<b>PERSON TO CONTACT IN CASE OF EMERGENCY</b>	<b>NAME:</b>  <b>RELATIONSHIP TO YOU:</b>  <b>TELEPHONE NUMBER(S):</b>
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Which volunteer role(s) are you interested in? *(Please tick all that apply)*

<b>Library front desk</b>		<b>Computer Suite support</b>		<b>Building/repairs Maintenance</b>	
<b>Library Support</b>		<b>Café</b>		<b>Cleaning</b>	
<b>Team leader</b>		<b>Coffee Mornings</b>		<b>Fundraising events</b>	
<b>Volunteer Coordinator</b>		<b>Admin</b>		<b>Website</b>	
<b>Volunteer Mentor</b>		<b>Gardening/ Grounds</b>		<b>Press/publicity</b>	
<b>Secondhand books/donated goods sales</b>		<b>Other:</b>			

Please tell us about any work or volunteering ( past or present), personal experience or skills that you have that are relevant to the role you are interested in:

Please tell us about days/times you are available as a volunteer.  
Please tick and state how many hours you can offer.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Afternoon							
Evening							

Are you available: <i>(please tick)</i>	
Every week	
Monthly	
Occasionally	
At short notice to provide cover	

Do you have any particular needs that we should be aware of so as to best support your volunteering with us?

#### References

Please supply details of 2 people who know you well enough to comment about your suitability for this role. They should not be family members.

<b>Referee 1</b> <b>NAME:</b>  How does this person know you?	<b>Address:</b>  <b>Email:</b>  <b>Telephone:</b>
<b>Referee 2</b> <b>NAME</b>  How does this person know you?	<b>Address:</b>  <b>Email:</b>  <b>Telephone:</b>

Do you hold a DBS (Discrimination & Barring Service) check in connection with your work or volunteering elsewhere? YES / NO

If YES – please state which organisation:.....

If NO – would you be willing to undergo a DBS check if it was necessary for your role?

What would you like to achieve through your voluntary work at the organisation?

How did you hear about us?

Volunteer Centre. Website Another organisation Leaflet Friend/family

Other.....

## DECLARATION

I declare that the information in this application is true. I give consent for The Friends of Fleckney Library to contact my referees and to make appropriate enquiries about my suitability for a volunteering position at Fleckney Library.

Signed:.....

Date:.....

FOR OFFICIAL USE	Check completion and signing of the form and enter details of documentation provided by Applicant
Evidence of Identity	
Evidence of Address	
Other documents/information	
Trustee / Coordinator	SIGNED:  PRINT NAME:
Date:	