



Application Form to become a Volunteer with St Helens Libraries

Contact Information

Name: _____

Have you been known by any other name? _____

Address: _____

Postcode: _____

How long have you lived at this address?

Years

Months

Email Address: _____

Contact Number: _____

Date of Birth: _____

Female

Male

1. When would you be able to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

*Please tick all that apply

How many hours per week are you available to volunteer? Please tick appropriate box

 1 - 2 3 - 4 5 - 6 7 - 8

Do you know which volunteer role you would like to apply for?

a) Home Delivery Volunteer

b) Library Activities Volunteer

c) School Library Service Volunteer

d) Local History and Archives Volunteer

e) Universal Credit Support Volunteer

f) Ebook Support Volunteer

What skills and experience would you bring to this role? What skills do you have to offer?

What skills do you want to gain/expand (if any)?

Are you willing to travel to your placement? (Please note that we may offer you a placement in any of the libraries within St Helens)

Yes

No

*Please tick the appropriate box

If you cannot travel, please let us know where you could volunteer

How did you hear about the volunteering scheme?

Further information – this information is confidential.

Do you have a disability/medical condition/special need that we need to be aware of?

Referees

Please give the details of two people who would be willing to give a reference for you. This could be a current employer or someone who has known you for a minimum of six months but is not a family member.

Name:	Name:
Address:	Address:
Contact number:	Contact number:

I declare that these particulars are true to the best of my knowledge. I also acknowledge that the information which I have provided to the Council will be used for the purposes stated and give my consent for such use.

Signature: _____

Date: _____

Equal Opportunities

Our organisation is committed to Equal Opportunities and welcomes applications regardless of race, colour, nationality, sex, sexuality, marital status, caring responsibilities, age, physical, sensory or mental disability, or unrelated criminal conviction.

Data Protection

The information provided in your application will be processed in accordance with the requirements of the Data Protection Act 1998. It will be treated as confidential and used only for the purpose of volunteering-related matters and the provision of volunteer monitoring statistics. Checks will be undertaken to validate the information provided.

If your application is unsuccessful, your form will be destroyed one year after receipt.

Thank you for your application to become a volunteer with St Helens Council.

Please note:

It is not always possible to place applicants and we may not be able to offer you a suitable volunteering opportunity

Staff Use only:

Date received:

Date Processed