Friends of Stoneleigh Library



VOLUNTEER APPLICATION FORM - ADULT

Personal Details

Why are we asking for this information?

This information will help us ensure that we are making volunteering available to everyone in our community. As a charity, we may be asked to provide some information for statistical purposes about our volunteers. Any personal information provided, however, will be marked as confidential and will not be released to any person or organisation without your prior agreement.

Name								
Address (inc. postcode)								
Email								
Phone	Home			Mobile	Mobile			
Date of Birth				Gender	Gender			
Age Range		18-25	26-39	40-49	50-59	60-69	70+	
Do you consider yourself to have any disabilities? (If yes, please tick any of these below that may apply)					No		Yes	
Visual / Sensory I	mpairment							
Learning Difficulty	/ / Disability							
Mental Health Iss	ues							
Physical Disability	or Impairm	ent						
Other (please spe	ecify)							
What support wou	uld you need	d (if any) to I	oe a volunte	er at Stone	leigh Comm	unity Library	y?	
Signature						Date		
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Your Availability						
Name						
Please could you indicate all the days and times that you could be available (shorter times are possible but need to be at least 2hrs in duration) Current hours are 10am-12.30pm and 2pm-4.30pm						
	Monday	Tuesday	Thursday	Friday	Saturday	
AM			-			
PM			CLOSED			
Or Ot	ease tick if you		to be contacted	d at short noti	ce to cover a session unteer at some point	
Please tick if you would consider volunteering occasionally on a Saturday						
Please tick if you would be interested in helping with any of the following:						
Rhymetime/Storybox for pre-schoolers						
Children's activities or craft sessions						
Designing or organising wall displays						
Не	Helping with fundraising for Friends of Stoneleigh Library					

other (please specify)



Your Experience

Name	
Can you tell you have ha	us about any volunteering experiences or any relevant employment that d?
Do you have volunteering	e any specialist skills, interests or hobbies that you would like to use when for Friends of Stoneleigh Library?
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Thank you for taking the time to complete this form. Please email it to friendsstoneleighlib@gmail.com or return it to Stoneleigh Community Library, 1 Stoneleigh Broadway, Epsom, KT17 2AJ