

# Friends of Stoneleigh Library



## YOUNG PEOPLE'S VOLUNTEER INTEREST FORM

### PERSONAL DETAILS

First Name			
Last Name			
Address			
E-mail Address			
Parent Phone Number			
	Gender		Date of Birth
School / College			

When would you be available to volunteer at the library?

Saturday Morning	Ticks	Saturday Afternoon	Ticks
10am-11am		2pm-3pm	
11am-12noon		3pm-4pm	
Would you be interested in helping during half - term?			

Why have you decided to volunteer in the library?

What do you think you will particularly enjoy doing?

Tell us a bit about yourself by circling the most appropriate number:

	(a lot)1	2	3	4(not at all)
I would enjoy working on displays	1	2	3	4
I like meeting people	1	2	3	4
I like making things orderly	1	2	3	4
I enjoy working with children	1	2	3	4

Signature

**PARENTAL PERMISSION**

I give permission for my son/daughter to volunteer in Stoneleigh Library at any of the times indicated overleaf. I am happy for Friends of Stoneleigh Library to contact him/her on any of the addresses/telephone numbers/e-mail addresses given overleaf.

Parent's signature

If you have any questions to ask before giving permission for your son / daughter to volunteer please contact Diana Kay at [friendsstoneleighlib@gmail.com](mailto:friendsstoneleighlib@gmail.com)