

**Friends of Stoneleigh Library**

**VOLUNTEER APPLICATION FORM - ADULT**

**Personal Details**

**Why are we asking for this information?**

This information will help us to 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 without your prior agreement.

|  |  |
| --- | --- |
| Name |  |
| Address(inc postcode) |  |
| Email |  |
| Phone | Home | Mobile |

|  |  |  |
| --- | --- | --- |
| Date of Birth |  | Gender |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age Range | 16-18 | 19-25 | 26-39 | 40-49 | 50-59 | 60-69 | 70+ |

|  |  |  |
| --- | --- | --- |
| Do you have any disabilities?(If yes, please tick any of these that may apply) | No | Yes |
| Visual / Sensory Impairment |  |  |
| Learning Difficulties / Disabilities |  |  |
| Mental Health |  |  |
| Physical Disability or Impairment |  |  |
| Other (please specify) |  |  |
| What support may you need (if any) to be a volunteer at Stoneleigh Community Library? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Thursday | Friday | Saturday |
| Library opening hours | 9.30am-5pm | 9.30am–5pm | 9.30am–1pm | 9.30am–6.30pm | 9.30am–4pm |
| Session 1 | 9.15am-1pm | 9.15am-1pm | 9.15am-1pm | 9.15am-12.30pm | 9.15am-12.30pm |
| Session 2 | 1pm-4pm | 1pm-5pm |  | 12.30pm-3.30pm | 12.30pm-4pm |
| Session 3 | 2pm-5pm |  |  | 3.30pm-6.30pm |  |

**How often would you be prepared to volunteer?**

Once a week



 Once a fortnight



 Other (please indicate frequency) ………………………………………………………

Please tick if you would be willing to be contacted at short notice to cover a session

Please tick if you would consider being a Lead Volunteer



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 preschoolers



 Children's activities or craft sessions



 Designing or organising wall displays



 Helping with fundraising for Friends of Stoneleigh Library



 other (please specify ) ………………………………………………………………………



**Your Experience**

|  |  |
| --- | --- |
| Name |  |

|  |
| --- |
| Can you tell us about any volunteering experiences or any relevant employment that you have had? |
|  |
| Do you have any specialist skills, interests or hobbies that you would like to use when volunteering for Friends of Stoneleigh Library? |
|  |

**Thank you for taking the time to complete this form. Please email to friendsstoneleighlib@gmail.com or return to Stoneleigh Community Library, 1 Stoneleigh Broadway, KT17 2AJ**