**Friends of Stoneleigh Library**

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| **YOUNG PEOPLE’S VOLUNTEER INTEREST FORM** |
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| PERSONAL DETAILS |
| First Name |  |
| Last Name |  |
| Address |  |
| E-mail Address |  |
| Phone Number |  |
|  | Gender |  | Date of Birth |  |
| School / College |  |

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|  | YOUR AVAILABILITY |
| (We are asking volunteers to do one session every two weeks. Please tick all the sessions that you could do and put them in order of preference by adding 1st, 2nd etc.) |  | Mon am | Mon pm | Tues am | Tues pm | Thurs am | Fri am | Fri pm | Sat am | Sat pm |
| Ticks → |  |  |  |  |  |  |  |  |  |
| Preference |  |  |  |  |  |  |  |  |  |
| Exact times available |  |  |  |  |  |  |  |  |  |

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| Why have you decided to volunteer in the library? |
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| What do you think you will particularly enjoy doing? |
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| 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 |

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| --- | --- |
|  Signature |  |

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| 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 or phone 020 8224 0850 |