



VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering at Gnosall community-managed Library. For more background information please look on our web site: www.gleanhub.org

Name
Address
Tel No
e-mail address

Details of volunteer roles are available on our web site. In which role(s) would you like to volunteer? (please circle as many as you wish)

Library Volunteer

Publicity Assistant

Library Volunteer Co-ordinator

Events Assistant

IT Buddy

If you would like to volunteer in any other role, please give details

Tell us about aspects of your background, interests and experience which would be helpful at our library

Are there particular skills you would like to develop whilst volunteering?

At which sessions are you available? (please circle as many as you wish)

Monday 5-7:30pm

Tuesday 10am-12:30pm

Wednesday 3-5:30pm

Wednesday 4:30-7pm

Saturday 10am-12:30pm

Please give details of two referees who can comment on your suitability as a volunteer at the library; these may be character referees.

Referee 1: Full Name	Referee 2: Full Name
Address	Address
Telephone No	Telephone No
e-mail	e-mail

Please outline any special steps we can take to make the application process easier for you

I declare that the information I have provided is true

Signature _____ **Date** _____

It is the policy of the library trustees that all volunteers in the library undergo a DBS check. Your details will be kept in accordance with the requirements of the General Data Protection Regulations. They will be kept securely and confidentially. The trustees' policy under the regulations is available on our website