|  |
| --- |
| **[Insert name of library service]** **Volunteer’s Expression of Interest****PLEASE COMPLETE IN BLOCK CAPITALS** |
| **Full name** |  |
| **Home address** |  |
| **Home telephone number** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Date of Birth** |  |
| **Why are you interested in being a volunteer?** |
| **Have you done voluntary work before? If yes please give details.** |
| **Do you have any skills or interests that you feel would be of benefit to the service? E.g. languages or children’s entertainer.** |
| **Which library would you prefer to volunteer at?**[insert name of library] [ ]  [insert name of library] [ ]  [insert name of library] [ ]  [insert name of library] [ ]  [insert name of library] [ ]  [insert name of library] [ ]   |

|  |
| --- |
| **What days are you available to volunteer?** *Please tick* |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
| **How many hours per week are you available?** |
| **How long will you be available as a volunteer?** |
| **What is your current employment if any?** |
| **How did you hear about volunteering in [insert name of library (service)]?** |
| **Monitoring information** |
| **Gender** | **Tick**  |  | **Ethnicity** | **Tick** |
| Male |  |  | Black or Black British |
| Female |  |  | African |  |
| **Age** |  |  | Caribbean |  |
| Under 20 |  |  | Other Black, please state |
| 20-39 |  |  | White |  |
| 40-60 |  |  | British  |  |
| Over 60 |  |  | Irish |  |
| **Disability** |  |  | Other White, please state |
| Visual Impairment |  |  | Asian or Asian British Bangladeshi |
| Speech Impairment |  |  | Indian |  |
| Wheelchair User |  |  | Pakistani |  |
| Mental Health Survivor |  | Other Asian, please state |
| Hearing Impairment |  |  | Traveller, Romany or English Gypsy |
| Restricted Mobility |  |  | Irish Traveller |  |
| Learning Difficulty |  |  | Romany |  |
| Hidden Impairment, please state |  |  | English Gypsy |  |
| **Faith** |  |  | Chinese or other ethnic group |  |
| Christian |  |  | Chinese |  |
| Muslim |  |  | Other ethnic group, please state |
| Sikh |  |  | **Emergency contact name and** **phone number** |  |
| Hindu |  |  |  |
| Jewish |  |  | **Medical condition** |  |
| Buddhist |  |  |  |
| Other, please state |  |

Please send your completed application form to: [insert email address]