

Medway Libraries & Archives Volunteer Application Form

1. Personal details

First name:

Surname:

Address
(including
postcode):

Home phone:

Mobile phone:

Email address:

Date of birth:

2. Next of kin/emergency contact details

Name:

Contact phone
number(s):

Relationship to
you:

3. Young volunteers only

Are you using volunteering as part of your Duke of Edinburgh award or similar scheme?
Yes / No (delete as appropriate)

Name of scheme:

4. Availability

When are you available? Delete as appropriate and indicate hours in the box provided

Monday: Yes / No

Tuesday: Yes / No

Wednesday: Yes / No

Thursday: Yes / No

Friday: Yes / No

Saturday: Yes / No

5. Skills, interests, qualifications, work background and hobbies

Please give a brief description:

6. Employment status

Are you currently employed? Tick appropriate box:

Full time:

Part time:

Not in employment:

7. Referees

Before we can place you as a volunteer, we must receive two references for you. Please give names and addresses of your referees *below* (they should be someone with whom you have recent contact and could be a current or past employer, teacher, religious leader, neighbour or family friend. **They must not be a relative**)

If you have a social worker, psychiatrist, probation officer or other professional working with you, please include them as a referee.

Referee 1:

In what capacity do you know referee 1?

Referee 2:

In what capacity do you know referee 2?

8. Other screening

Some activities will require additional screening, such as a Disclosure & Barring Service check, for working with children or vulnerable adults. We will tell you if this is required.

The disclosure will reveal spent and unspent convictions. It is important that you tell us about any convictions or cautions you have. Convictions or cautions do not prevent volunteering but may restrict the range of activities available to you.

Please provide any relevant information below.

9. Health and support

Is there anything you would like us to know so we can assist you? Please list any illnesses, disabilities (sensory, mental or physical) or allergies you would like us to take into consideration. This will not prevent you being offered a volunteering opportunity. Please give information in the box below:

10. Signatures

Your signature:

Date signed:

If you are under 18, or subject to guardianship, the signature of a parent or guardian is required.

Parent/guardian
signature:

Print name:

11. Equalities monitoring

We are committed to equal opportunities and use this information for monitoring purposes. It will be treated as confidential.

1. What is your sex? Male Female

2. How old are you?

Under 16 16-24 25-34 35-40 41-59 60 and over

3. Do you have a disability? Yes No

4. What do you consider to be your ethnic group?

White British White Irish White and Asian

White and Black African White and Black Caribbean White other

Asian Bangladeshi Asian Indian Asian Pakistani

Asian other Chinese Black African

Black Caribbean Black other Mixed other

Other ethnic group
(please specify)

Please return this form to:

libraryvolunteers@medway.gov.uk

or

FREEPOST RSCC/HCEE/BUXL
Medway Council
Strood Library
Rochester
ME2 3EP