Bedford Borough Libraries Volunteer Application Form: Reading Hack

Name:	E-mail:	
Address:	Home Telephone No:	
	Mobile Telephone No:	
	Male □ Female □	
Postcode:	Age:	
Which volunteer role do you wish to emply for?		
Which volunteer role do you wish to apply for?		
Role:		
Which library would you like to volunteer at?		
Library:		
Why do you want to become a volunteer?		

Please provide details of paid and volunteer work experience that is relevant to this role.

Organisation:	What did you do?	
From:		
То:		
Organisation:	What did you do?	
From:		
То:		
Organisation:	What did you do?	
From:		
То:		
Please provide details of any skills, qualifications and experiences that are relevant to this role.		

References

Please give the name of two referees who can be contacted for a reference. They should not be related to you.

Name:	Name:	
E-mail:	E-mail:	
Address:	Address:	
Telephone:	Telephone:	
May we ask for references without consulting you? YES / NO For some activities with children and/or vulnerable people volunteers may be screened (DBS check). Do you have a disability/medical condition that may affect your volunteering? YES / NO		
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Emergency Contact		
Name:	Tel No:	
How related:		
If you are under 16 please ask a parent or guardian to sign this form to say that they are happy for you to volunteer with us. If you are over 16, then you can sign the form yourself.		
Name	Date	
Signed		
Relationship to volunteer		

Please return your completed form to: Leah Yorston, Senior Stock & Digital Officer, Bedford Central Library, Harpur Street, Bedford MK40 1PG. E-mail: leah.yorston@bedford.gov.uk.