

Volunteer Application Form: Summer Reading Challenge Champion

Let's find out a bit about you....

Name:	
Address:	
Postcode:	
Mobile number:	Other phone number:
Email address:	
Date of birth:	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Age:	Prefer not to say: <input type="checkbox"/>
Do you identify as disabled: Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>	
If you answered 'Yes,' please help us to understand how we can best support your needs so that you can gain the most from this experience?	
Please give details of any medical conditions we should know about that may affect you whilst you are volunteering with us:	
In the event of an emergency please supply details of at least one emergency contact: Name: Mobile/ Other phone number	
Why are you interested in volunteering to help with the Summer Reading Challenge?	

What skills and/or experience do you have that will help you as a Summer Reading Challenge Volunteer?

When can you volunteer? (we require a minimum of 10 hours in the holiday, tick all the dates you can do)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week beginning: 21.07.25						
Week beginning: 28.07.25						
Week beginning: 04.08.25						
Week beginning: 11.08.25						
Week beginning: 18.08.25						
Week beginning: 25.08.25						

Are there any days/dates/weeks that you cannot do?

Where is your local library or which library would you like to work at?

As you are under 16, please ask a parent or guardian to sign to this form to say that they are happy for you to volunteer with us.

Name:	Relationship to volunteer:
Address (if different to above)	
Signature:	Date:

Please return your completed form to: Leah Yorston, Senior Stock & Digital Officer, Bedford Central Library, Harpur Street, Bedford MK40 1PG.

OR

E-mail: leah.yorston@bedford.gov.uk