

Bedford Borough Libraries

Volunteer Application Form: Reading Hack

Name:	E-mail:
Address:	Home Telephone No:
	Mobile Telephone No:
	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postcode:	Age:

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?

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

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.