**Hillingdon Council**

**Library services**

**FAO Branch Manager**

**Volunteer Registration Form - Hillingdon Libraries (Young Adult)**

**Any information provided on this form is confidential and covered by GDPR (See HR volunteer privacy notice before completing this form)**

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| **First Name: Surname:** |
| **Home Address:** |
| **Telephone No: (home)** |
| **Telephone No: (mobile)** |
| **Email Address:** |
| **School:**  |
| **Emergency contact details:****Name:****Relationship:****Contact telephone number:** |

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| **What would you like to achieve by becoming a volunteer within libraries?** |

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| **Previous experience (paid or unpaid):** |
| **Any other information you would like to provide which is relevant to volunteering:** |
| **Do you consider yourself to have a disability? Yes/No****If yes, please specify any support needs** |
| **Availability - approximately how much time would you like to give each week? Please indicate particular days and times below** |
| * **Monday Time: \_\_\_\_\_\_\_\_\_**
* **Tuesday Time: \_\_\_\_\_\_\_\_\_**
* **Wednesday Time: \_\_\_\_\_\_\_\_\_**
* **Thursday Time: \_\_\_\_\_\_\_\_\_**
* **Friday Time: \_\_\_\_\_\_\_\_\_**
* **Saturday Time: \_\_\_\_\_\_\_\_\_**
* **Sunday Time: \_\_\_\_\_\_\_\_\_**
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| **Please indicate up to 3 libraries you would like to be considered for volunteering opportunities:****1st Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2nd Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3rd Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Do you have any criminal convictions (other than minor driving offences)? Yes/No****If yes, please state date and nature of conviction below. Any information provided will be considered on the circumstances of each case and may not necessarily prevent you from volunteering.** |

**Please note: If you will be volunteering with vulnerable adults or children, a satisfactory DBS disclosure may be required.**

**References**

Please supply the names and addresses of two referees who have known you for at least two years and can comment on your suitability to become a volunteer. This may be a previous or current employer, Head Teacher or a Lead Officer from a previous volunteering project. Please note that a referee cannot be a relative or a friend.

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| **Referee 1** |
| **Name:** |
| **Capacity in which you are known to them:** |
| **Address:** |
| **Telephone Number:** |
| **Email address:** |

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| **Referee 2** |
| **Name:** |
| **Capacity in which you are known to them:** |
| **Address:** |
| **Telephone Number:** |
| **Email address:** |

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| **Declaration:****Hillingdon council will use the information given on your application for volunteering purposes as set out in our privacy notice.****I certify that information given is true and complete to the best of my knowledge,****By submitting this application, I agree with the declaration and privacy notice statements.****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Parent or Guardian’s consent for volunteers under 18 years** |

**I acknowledge that my son or daughter named above has applied to volunteer at Hillingdon libraries. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.**

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| **Name of parent/guardian** |  |
| **Telephone** |  |
| **Email** |  |
| **Signature** |  |
| **Date** |  |

**Please return the completed application form to your local Hillingdon library. All successful applicants will be contacted for an informal interview.**