

The Chalfont St Peter Community Library

High Street, Chalfont St Peter, Bucks, SL9 9QA

Telephone: 0845 2303232

Email: committee@csp-communitylibrary.co.uk

Website: <http://csp-communitylibrary.co.uk>

Registered Charity Number: 1144104



LIBRARY VOLUNTEER DETAILS FORM

PERSONAL DETAILS

TITLE: (Ms Mr. Mrs. etc)	HOME TEL:
FIRST NAME:	MOBILE TEL:
FAMILY NAME:	EMAIL: D o B if under 18
ADDRESS: (including your post code)	

Which of the following would you be happy to help with?		
Library work	Yes	No
Children's activities	Yes	No
Gardening	Yes	No

SKILLS and EXPERIENCE

Please indicate whether you have skills or experience in the following areas					
Library work	Yes	No	Health and safety	Yes	No
Management	Yes	No	Computing	Yes	No
Sales / Marketing	Yes	No	Fund raising	Yes	No
Legal work	Yes	No	Working with children	Yes	No
Financial/Accountancy/Book-Keeping	Yes	No	Building trades	Yes	No
Retail Industry	Yes	No			

OTHER – Please give details of other skills or experience that might be useful to the library

REFERENCES

We need to obtain references as you will be working with children and vulnerable adults

Please give the name, address, email address and telephone number of two persons who have known you for a significant time (guideline is 3 years) and have agreed to supply references. They should not be related to you but should be able to comment on your ability to work as a library volunteer and your suitability to work with children and vulnerable adults. Please indicate in what capacity you know them e.g. friend, colleague, employer etc. Please print postal and email addresses for clarity.

1)

2)

ELIGIBILITY TO WORK AS A VOLUNTEER IN THE UK

European Economic Area (EEA) residents are legally eligible for a volunteering role in the UK. People from outside the EEA may require permission to undertake voluntary work. Please indicate if you are eligible - if in doubt please ask for further information

Yes

No

HEALTH and SUPPORT

Do you have a disability or health condition that we should be aware of, so we can plan the work you might do and we know what to do in an emergency?

Yes

No

If yes, please provide details, e.g. epilepsy, asthma, hearing loss, allergies etc, or indicate a phone number that we could call you on to discuss the situation.

Emergency Contact Details

Daytime Telephone Number:

Mobile Number:

Relationship to you:

Please note that there will be a 3-month probationary period in place for both parties to agree the library role undertaken is appropriate.

Chalfont St Peter Community Library keep data for the purpose of contacting volunteers, or in an emergency, their nominated person.

Your data will be held securely (this paper document will also be held securely) and will be used solely for the purposes of administration and communication on CSPCL matters.

You have the right to have your data removed or not added to the database, but you will not then be contactable by the library.

CSPCL will not divulge your data to other persons or organisations.

Once you cease volunteering (or do not commence) at the library, we will delete your data from our systems

Signature:

Date: