

# The Chalfont St Peter Community Library

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

Telephone: 0845 2303232

Email: [committee@csp-communitylibrary.co.uk](mailto: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:
ADDRESS: (including your post code)	D.o.B. if under 18

Which of the following would you be happy to help with?		
Library work	Yes	No
Cleaning	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

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## 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:

(This information is collected for use by The Chalfont St Peter Community Library only and will not be passed on to a third party).

Signature:

Date:

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

## FOR LIBRARY USE ONLY

References requested	1	2	References received	1	2
Shift/work start date agreed			Spydus requested		
All completed			Spydus completed		