

# Chalfont St Peter Community Library

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

Telephone: 01296 382415

Email: [enquiries@csp-communitylibrary.co.uk](mailto:enquiries@csp-communitylibrary.co.uk)

Website: [www.csp-communitylibrary.co.uk](http://www.csp-communitylibrary.co.uk)

Registered Charity Number: 1144104



## LIBRARY VOLUNTEER FORM

### PERSONAL DETAILS

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

### VOLUNTEER ROLES

There are a variety of roles within the library including fortnightly desk work, monthly gardening and the organisation of ad hoc events. The list below is not exhaustive but please indicate what type of role you may be interested in and what time commitment you can give.

Library desk/shelving		Event organisation/Fundraising	
Gardening		Arts and crafts	
Building/maintenance		IT	
School visits		Displays	
Monday movies		Other	

TIME COMMITMENT:	Fortnightly		Monthly		Ad hoc	
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### RELEVANT EXPERIENCE

Although you do not need any specific skills to volunteer at CSP library, please list below any experience which you think may be relevant, e.g. IT skills, working with children.

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## REFERENCES

Please give details of two persons who have known you for a significant time (guideline is three 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 member of the library team and your suitability to work with members of the public.

NAME:	NAME:
ADDRESS:	ADDRESS:
EMAIL:	EMAIL:
TEL:	TEL:
RELATIONSHIP TO YOU (Friend, employer etc.):	RELATIONSHIP TO YOU (Friend, employer etc.):

## ELIGIBILITY TO VOLUNTEER IN THE UK

Do you have the right to volunteer in the UK? If you are not a British Citizen you may need to check your visa.

YES		NO		UNSURE	
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## HEALTH AND SUPPORT

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

YES		If yes please give details:
NO		

## EMERGENCY CONTACT DETAILS

This information will be kept for use by Chalfont St Peter Community Library only and will not be passed on to a third party.

NAME:	TEL:
RELATIONSHIP TO YOU:	

## SIGNATURE

Please sign below and please note there will be an interview followed by a three month probationary period for both parties to agree that the library role undertaken is appropriate.

SIGNATURE:	DATE:
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## FOR LIBRARY USE ONLY

References requested	1	2	References received	1	2
All completed	Date				