|  |  |
| --- | --- |
| **[Insert name of library service]**  **Volunteer’s Expression of Interest**  **PLEASE COMPLETE IN BLOCK CAPITALS** | |
| **Full name** |  |
| **Home address** |  |
| **Home telephone number** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Date of Birth** |  |
| **Why are you interested in being a volunteer?** | |
| **Have you done voluntary work before? If yes please give details.** | |
| **Do you have any skills or interests that you feel would be of benefit to the service? E.g. languages or children’s entertainer.** | |
| **Which library would you prefer to volunteer at?**  [insert name of library]  [insert name of library]  [insert name of library]  [insert name of library]  [insert name of library]  [insert name of library] | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What days are you available to volunteer?** *Please tick* | | | | | | | | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | | | **Thursday** | | **Friday** | **Saturday** | **Sunday** | | |
| **Morning** |  |  |  | | |  | |  |  |  | | |
| **Afternoon** |  |  |  | | |  | |  |  |  | | |
| **Evening** |  |  |  | | |  | |  |  |  | | |
| **How many hours per week are you available?** | | | | | | | | | | | | |
| **How long will you be available as a volunteer?** | | | | | | | | | | | | |
| **What is your current employment if any?** | | | | | | | | | | | | |
| **How did you hear about volunteering in [insert name of library (service)]?** | | | | | | | | | | | | |
| **Monitoring information** | | | | | | | | | | | | |
| **Gender** | | | | **Tick** |  | | **Ethnicity** | | | | **Tick** | |
| Male | | | |  |  | | Black or Black British | | | | | |
| Female | | | |  |  | | African | | | | |  |
| **Age** | | | |  |  | | Caribbean | | | | |  |
| Under 20 | | | |  |  | | Other Black, please state | | | | | |
| 20-39 | | | |  |  | | White | | | |  | |
| 40-60 | | | |  |  | | British | | | |  | |
| Over 60 | | | |  |  | | Irish | | | |  | |
| **Disability** | | | |  |  | | Other White, please state | | | | | |
| Visual Impairment | | | |  |  | | Asian or Asian British Bangladeshi | | | | | |
| Speech Impairment | | | |  |  | | Indian | | | |  | |
| Wheelchair User | | | |  |  | | Pakistani | | | |  | |
| Mental Health Survivor | | | | |  | | Other Asian, please state | | | | | |
| Hearing Impairment | | | |  |  | | Traveller, Romany or English Gypsy | | | | | |
| Restricted Mobility | | | |  |  | | Irish Traveller | | | |  | |
| Learning Difficulty | | | |  |  | | Romany | | | |  | |
| Hidden Impairment, please state | | | |  |  | | English Gypsy | | | |  | |
| **Faith** | | | |  |  | | Chinese or other ethnic group | | | |  | |
| Christian | | | |  |  | | Chinese | | | |  | |
| Muslim | | | |  |  | | Other ethnic group, please state | | | | | |
| Sikh | | | |  |  | | **Emergency contact name and**  **phone number** | | | |  | |
| Hindu | | | |  |  | |  | | | | | |
| Jewish | | | |  |  | | **Medical condition** | | | |  | |
| Buddhist | | | |  |  | |  | | | | | |
| Other, please state | | | | |  | |

Please send your completed application form to: [insert email address]