**Libraries and Archives Service**

**Volunteer Expression of Interest Form**

Thank you for expressing an interest in volunteering in the Libraries and Archives Service. Please complete this expression of interest form. The information you provide will be treated as confidential and only be used to enable us to maintain contact while you are volunteering. This information will be held securely and deleted from our records when you are no longer volunteering with the Service.

**Personal Details**

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone number(s)** |  |
| **E-mail address** |  |
| **If you are under 18, please give your date of birth:** |

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| Why are you interested in volunteering in libraries/archives, and how do you think volunteering can be of benefit to you? |
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| **Have you done voluntary work before?** Please circle |  **YES** | **NO** |
| **If yes please give details** |

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| **Please outline any skills, experience and training you feel may be relevant, or useful to the library**  |

**What days are you available to volunteer?** Please tick

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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?** For most posts, we require a 3 month minimum commitment**3 months 🖵 6 months 🖵 9 months 🖵 12 months or longer 🖵** |

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| **Preferred library location:**  |

**Which of the following types of volunteering are of interest to you?**

**Working with the Home Library Service**

 **Yes 🖵 No 🖵**

**Supporting general library activities Yes 🖵 No 🖵**

**Supporting digital skills Yes 🖵 No 🖵**

**Working with children and young people Yes 🖵 No 🖵**

 **Yes 🖵 No 🖵**

**Supporting events or workshops for adults Yes 🖵 No 🖵**

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| **Other (please specify)** |

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| **Do you speak other languages? Yes 🖵 No 🖵****If so which languages do you speak?** |
| **Please provide details of a referee. Your referee may be a previous teacher, manager, supervisor or professional colleague** |
| **Name** |
| **Address** |
| **Telephone number** |
| **E-mail address** |
| **Relationship**  |

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| **How did you hear about volunteering in Tri-borough Libraries?** |

**🖵 I certify that the information given on this form is correct to the best of my knowledge.**

**Signed……………………………………… Date……………………..**

**Please return your completed form in person to your library of choice or email to** **libraryvolunteers@westminster.gov.uk** **or** **libraryvolunteers@rbkc.gov.uk**