**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

**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 to library of choice.**