**Westmorland & Furness Libraries Summer Reading Challenge Volunteer Application Form**

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| Surname: | | | |  | | | | | |
| Forename: | | | |  | | | | | |
| Date of Birth: | | | |  | | | | | |
| National Insurance Number (16 & over): | | | | | |  | | | | | | | |
| Address: |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Postcode: | | | |  | | | |  |  | | |  | |
| Home phone: | | | |  | | | |  | Mobile: | | |  | |
| Email address (if regularly checked): | | | | |  | | | | | | | | |
| Someone we can contact in an emergency | | | | | | | | | | | | | |
| Surname: | |  | | | | | Forename: | | | |  | | |
| Relationship to you: | | |  | | | | | | | | | | |
| Daytime phone number: | | | |  | | | Mobile phone number: | | | | | |  |

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|  | Why would you like to volunteer with Westmorland & Furness Libraries? |  |
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|  | Please give details of any current or previous voluntary work you have done |  |
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|  | What qualities do you think you could bring to Westmorland & Furness Libraries? |  |
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| Would you like to help run activities for children? | | | | |  | Yes |  | No |
| Training: Can you commit to coming into the library before the Summer Reading Challenge | | | | | | | | |
| starts in mid-July? |  | Yes |  | No | | | | |
| Please list below any days / dates / times that you are unable to volunteer due to holidays and personal commitments. | | | | | | | | |
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| Westmorland & Furness Libraries may hold your contact details for consultation and  possible focus group work.  Westmorland & Furness Libraries also require consent for your contact details and  information to be securely stored with Westmorland & Furness Libraries for use in  statistical monitoring to be shared with our partners in Westmorland & Furness Council. | | | | |
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| I GIVE CONSENT FOR STATISTICAL INFORMATION TO BE SHARED 󠄀 󠄀 **I GIVE CONSENT FOR MY DETAILS TO BE STORED FOR A MAXIMUM PERIOD OF TWO YEARS** |  |  |  |  |

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| * Westmorland & Furness Libraries holds information on volunteers electronically. Information is treated with care and respect and is never given to other organisations without your consent. * On completion, please hand in the application form to your local library. * You will be contacted shortly to arrange a convenient time to meet for an informal discussion. | | | | |  |
|  | | | | |  |
| Your signature: |  | Date: |  |  | | |
| Parent/Guardian signature: |  | Date: |  |  | | |
|  |  | | |  | | |

Closing date: Friday 2 June 2023