STOKESLEY Community Library

Volunteer Application Form

Name: _____

Address: _____

_____

_____

Phone Number: _____ Mobile Number: _____

Email address: _____

Emergency Contact details

Name: _____

Contact number: _____

Relationship to you: _____

Areas of Volunteering (Please tick all that apply)

Library Assistant		IT Buddy	
Home Library Picker/Driver		Admin/Support	
Working Group Member		Area of Interest:	
As/when Project Group Member		Help with Library Events	

PTO

Why do you wish to volunteer? We are pleased that you are considering supporting us, but could you tell us briefly why you are doing so?

Any other comments you may wish to make

Signed _____

Date _____

We will contact you shortly to arrange a chat about your application.

Thank you!

We keep the data you provide in this form as a record of your application to be a Volunteer with Stokesley Community Library for as long as you choose to remain a Volunteer. Access to the data is restricted to Trustees of Stokesley Community Library, the Library Manager and the Volunteer Coordinator, except when in law we are obliged to disclose it. The person signing this form has the right to request, in writing, that the data be amended or be deleted from our records. (Version June 26)