

**Walsall Library Volunteers  
Streetly Community Library  
Application Form**

**Please complete in block capitals**

First name:	Family name:
Gender:     male/female	Date of Birth
Address:	
Post code:	
Daytime phone:	Evening phone
Mobile phone:	
E mail:	
Emergency contact:	
Relationship:	
Daytime phone	Evening phone
Do you have access to a car?	

**Availability:** When are you available to volunteer? (please tick)

	Tues	Wed	Fri
Morning 9-10.30			
Late Morning 10.30-1			
Afternoon 2-3.30			
Late Afternoon 3.30-6			

Morning 9-10.30	Sat
Late Morning 10.30-1	
Afternoon 2-4	

**Relevant experience:** please tell us about any experience, skills and qualifications that you have which may be relevant

Have you ever worked for Walsall Council                      YES    NO

**Support:** The Library Service strives to provide equal access to volunteering opportunities by ensuring disability or special needs are met or supported but some libraries are not fully accessible. Are there any details you would like us to be aware of?

Thanks you for your interest and for taking the time to complete this form. You will be contacted shortly to arrange a convenient time and place for an informal interview.

Signature:	Date:
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**Please return this form to: Streetly Library**

**DATA PROTECTION**

The information on this form may be held on computer where it is subject to the provision of the data protection act. The act requires the Council to safeguard this information and use made of it. You have certain rights under this act and council staff will inform you of what these are should you wish

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