4

**Cumbria Libraries Young Volunteer - Application Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | |  |

|  |  |  |
| --- | --- | --- |
|  | Why would you like to volunteer with Cumbria Libraries? |  |
|  |  |  |
|  | Please give details of any current or previous voluntary work you have done |  |
|  |  |  |
|  | What qualities do you think you could bring to the Cumbria Libraries? |  |
|  |  |  |
|  |  |  |



**Summer Reading Challenge 2017**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Would you like to help run activities for children? | | | | |  | Yes |  | No |
| Training: Can you commit to coming into the library on a Saturday 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. | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumbria Libraries may hold your contact details for consultation and possible focus group work. Cumbria Libraries also require consent for your contact details and information to be securely stored with Cumbria Libraries for use in statistical monitoring to be shared with our partner’s in Cumbria County Council. | | | | |
|  | | | | |
| I GIVE CONSENT FOR STATISTICAL INFORMATION TO BE SHARED |  | Yes |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Cumbria Libraries holds information on volunteers both in hard copy and electronically. Information is treated with care and respect and is never given to other organisations without your consent. * Please complete and sign this form, then return it to:   Jane in Barrow Library or email to        [jane.mcfie@cumbria.gov.uk](mailto:jane.mcfie@cumbria.gov.uk)  Caroline in Carlisle Library or email to                         [caroline.lunny@cumbria.gov.uk](mailto:caroline.lunny@cumbria.gov.uk)  Frances in Kendal Library or email to                          [frances.taylor@cumbria.gov.uk](mailto:frances.taylor@cumbria.gov.uk)  Sheryl in Workington Library or email to                   [sheryl.mckeating@cumbria.gov.uk](mailto:sheryl.mckeating@cumbria.gov.uk)  Rachel in Whitehaven Library or email to                    [rachel.wilkinson@cumbria.gov.uk](mailto:rachel.wilkinson@cumbria.gov.uk)  Claire in Penrith Library or email to                              [claire.dougherty@cumbria.gov.uk](mailto:claire.dougherty@cumbria.gov.uk) | | | |  |
| * You will be contacted shortly to arrange a convenient time to meet for an informal discussion. | | | |  |
| Your signature: |  | Date: |  | |  |
| Parent/Guardian signature: |  | Date: |  | |  |
|  |  | | | |  |