**CONFIDENTIAL**

**Volunteer Application Form**

**Summer Reading Challenge 2022: Gadgeteers**

**Reading Borough Library Service**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone | (home) |
|  | (mobile) |
| \*E-mail *– print clearly please!* |  |
| Date of birth |  |
| Emergency contact | (name)  (telephone) |
| Please give details of any medical conditions we should know about that might affect your volunteering: | |

Please tell us why you would like to volunteer for the Summer Reading Challenge

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What skills do you have that might help you in your volunteering? E.g., are you creative? Have you got any experience of young children through your family? What other things are you good at?

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Would you like to volunteer in any library? We would like you to volunteer for a minimum of two sessions per week unless you are on holiday.

Do remember all our libraries are open on Saturdays and so you can do some volunteering then.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caversham (not Mon, Weds or Fri pm) | Central  (Not Weds) | Palmer Park  (Not Mon, Weds pm or Fri) | Southcote  (Not Mon, Weds or Fri pm) | Tilehurst  (Not Tues pm, Weds of Fri) | Whitley  (Not Mon or Weds or Fri) |

Do you want to be accredited for your volunteering? Yes /No / Maybe

Are you working towards an accreditation we could help you with? E.g., Arts Award, Duke of Edinburgh’s Award, Youth Achievement Award.

**Reference:**

Please nominate a character referee, who has known you for at least two years, *is not a member of your family* and who is willing to be approached by us. This can include your Course Tutor/ Head teacher, school librarian or a person in a responsible position.

|  |
| --- |
| Name: |
| \*Email: |
| Telephone: |
| Relation to the applicant: |

If you are under 16, please ask a parent or guardian to sign this form to say that they are happy for you to volunteer with us. If you are over 16, you can sign for yourself.

**SIGNATURE**……………………………………. **DATE**……………………

Name of signatory and relationship to the volunteer…………………………………………………………………………………………………….

*This project is supervised by the Children’s Lead librarian who has an enhanced disclosure check from the DBS*

Please return this form to: Suzan Davis, Reading Central Library,

Abbey Square, Reading RG1 3BQ, or by email to [Suzan.Davis@reading.gov.uk](mailto:Suzan.Davis@reading.gov.uk).

Closing date: Thursday 21st July 2022

