

# Volunteer Application Form

PLEASE USE BLACK INK AND CAPITAL LETTERS

**All information will be treated in the strictest confidence**

To volunteer at Milton Keynes Libraries you must be at least 13 years old.

## Personal details (All fields must be completed)

**Forenames:**

**Surname:**

**Permanent address (for correspondence):**

**Postcode:**

**Email address:** (please write clearly)

**Phone number(s):**

**Date of birth:**

*If you are under 16 we require your parent/guardian details.*

**Parent/guardian full name:**

**Parent/guardian email:**

**Parent/guardian phone:**

## Do you have any access requirements?

(for example: large print or wheelchair access)

**How did you find out about volunteering with Milton Keynes Libraries?**

**Why are you interested in becoming a volunteer?**

**Which role are you applying for?**

(Please also say which library the role is at)

**When are you available to volunteer?**

(Please let us know which days and whether you are available morning/afternoon)

**Are you a member of Milton Keynes Libraries?** (Please circle) **Yes / No**

### **Additional Information**

Please use the space below to include further information about yourself that you feel is relevant, for example, previous experience either in voluntary or paid employment, qualifications or skills and hobbies or interests

## Disclosure of Criminal Convictions

To apply for a voluntary position with Milton Keynes Council you are required to disclose any UNSPENT criminal convictions you have in line with the Rehabilitation of Offenders Act 1974.

**Please be prepared to provide details to a staff member upon request.**

Any information given will be completely confidential and will be considered only in relation to the voluntary placement for which you are applying.

Please tick if applicable:

<b>I have no unspent convictions</b>	
<b>I will provide details of unspent criminal convictions upon request</b>	
<b>I confirm that I am NOT barred from working with children or vulnerable adults</b>	

## Medical Declaration

Do you suffer from any illness or medical condition that we should be aware of that might affect your ability to undertake the placement? (Please circle) **Yes / No**

If yes, please provide further information, including any specific assistance you may require in order to undertake a voluntary placement.

## Declaration (You must sign and date this section)

I certify that the information given on this form is factually accurate to the best of my knowledge. I understand that information from this form may be computerised for administration purposes in accordance with the Data Protection Act 1998 and GDPR. This information may also be used for the prevention and detection of fraud or crime.

**WARNING:** Any person found to have given false information may have their voluntary placement terminated without notice.

**Signed:**

**Date:**

*Any information provided by you in your application form will be held in strictest confidence and will be deleted if your application is unsuccessful or when you stop volunteering with us.*

*Privacy Statements for the Milton Keynes Council and Milton Keynes Libraries can be found on the website: [www.milton-keynes.gov.uk/library-policies](http://www.milton-keynes.gov.uk/library-policies)*