

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):

Are you under 16? Yes / No

If you are under 16 we require your date of birth and parent/guardian consent and details.

Date of birth:

Tick to confirm that:

My parent/guardian agrees that I can volunteer:

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 advertised role are you applying for and at which library?

(We only accept applications for roles we are currently seeking. Up to date information and opportunities are on our website: www.milton-keynes.gov.uk/volunteering)

When are you available to volunteer?

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

About you

Please tell us a bit about yourself and what you can offer as a volunteer. For example, previous experience (voluntary or paid), qualifications or skills and hobbies or interests.

Acceptance as a volunteer is subject to successful references. When invited for interview you will be required to provide two references: the name, address and contact information of two individuals. Please note that neither of these can be a relative.

Disclosure of Criminal Convictions

To apply for a voluntary position with Milton Keynes City 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:

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

Medical Declaration

Are there any medical conditions that you would like us to be aware of?

(Please circle) **Yes / No**

If yes, please provide further information, including any adjustments you may require 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 City Council and Milton Keynes Libraries can be found on the website: www.milton-keynes.gov.uk/library-policies