

Volunteer to be a Summer Reading Challenge Champion

Please return completed forms to:

Library Volunteer Coordinator,
Milton Keynes Central Library,
555 Silbury Boulevard,
Central Milton Keynes MK9 3HL

or hand your application in at any library.



First Name:

Surname:

**Name you're
known by:**

Postcode:

Email:

Phone:

Age (on 1/7/2025):

Emergency contact name:

Emergency contact phone:

Do you have any medical conditions that may affect your volunteering? YES / NO

If yes, please tell us about them so we can help to make your experience better:

Where did you hear about this volunteering opportunity?

Why are you interested in volunteering with us?

Which library would you like to volunteer at?

First choice:

Second choice:

Are you already working towards any accreditation that we can help you with?
(EG: Duke of Edinburgh Scheme Award) **YES / NO**

Please tell us more about it

If you are under 16, please provide the contact details below:

Parent/guardian full name:

Relationship to applicant:

Contact email:

If you are 18+ years old, you will be asked for a reference.

Please confirm that with reference to the Disclosure and Banning Service:

☐ I have not been banned from working with children or vulnerable adults.

To understand how we collect and process any information you give us, please read the MK Council Privacy Statement and library notices at www.milton-keynes.gov.uk/library-policies.