

# 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:

Preferred pronouns:

He / Him

She / Her

They / Them

Postcode:

Email:

Phone:

Age (on 1/7/2026):

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.**

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**Please confirm that with reference to the Disclosure and Barring 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](http://www.milton-keynes.gov.uk/library-policies).*