

Market Bosworth Community Library

Expression of Interest in Becoming a Volunteer

1. Your basic details


First Name:

Surname:


Address:

Postcode:

 **Home:**

 **Mobile:**

Email address:

 **Emergency contact name and number**

Please note that MBCL will need to hold some volunteer personal information, but will always treat this with respect, will not pass on any information without your consent (except in a safeguarding situation) and will comply with all relevant legislation

2. When are you available to volunteer?

Please tick any of the following times when you are likely to be available to volunteer. This is only an indication at this stage.

There will always be at least one other person on duty with you during the following open hours:

Monday **2.00 - 5.00 pm**

Tuesday **2.00 – 5.00 pm**

Wednesday **10.00am – 12noon**

Thursday **2.00-5.00 pm**

Thursday **5.00 -7.00 pm**

Friday **10.00am -12 noon**

Saturday **10.00am – 1.00 pm**

We hope that many of our volunteers will be available for a session as a general library assistant once a week or fortnight, but there are some roles which may need less regular involvement. We expect to run a calendar so that we can cover for holidays and other absences. All volunteers will receive training and support.

If you are able to make a commitment, please indicate whether you would prefer this to be:

Weekly

Fortnightly

Monthly

Occasionally

Market Bosworth Community Library

3. Which volunteer roles are you interested ? (Please tick any that interest you)

Any service we offer will depend on having willing volunteers.

A. General duties

- Library assistant
- Session leader

B. Specialist services such as:

- Displays in the library
- Use of IT in the library
- Family history research
- Housebound delivery
- Tourist information
- Childrens' reading
- Pre-school reading support
- Holiday schemes
- Homework club
- Community projects

C. Managing the library

- Publicity
- Building maintenance
- Book stock
- Second hand book sales
- Fundraising
- Organising events
- Grant applications

D. **Other** Please note here any additional skills or support that you can offer

4. References Please give the name of someone who can be contacted for a reference. This person should not be related to you and should be someone you have known for at least two years.

Name:

Tel No:

Address:

5. And finally ... Please sign below and return to:

Isabel Granger, 38 Stanley Road, Market Bosworth or Sue Styche, 3 Chestnut Close, Market Bosworth

Signature

Date:

Signature of parent/guardian (if under 16)

- Please note that no-one is excluded from volunteering, but for some activities with children and/or vulnerable adults, volunteers may be screened (DBS check). This is a legal requirement for some roles.
- You will be contacted shortly to arrange a convenient time for a further discussion.
- We will be a registered charity and value your support. As a volunteer, you will be entered in the register as a member of the charity and will be able to vote at the AGM

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