Barnet Libraries Self-Service Opening Volunteer application form

You must be 18 years old and over to apply. If you are 14-17 years old, please contact your local library about volunteering opportunities for young people.

This form is for people who wish to volunteer in Self-Service Opening (non-staffed hours.) Please also note we will require you to complete a DBS form.

Name	
(first name, surname)	
Address	
Postcode:	
Telephone: home	
Telephone: mobile	
Telephone: work	
E-mail:	

Volunteering Role and Location (please refer to role profiles)

Self-Service Opening (SSO) Assistant

(This position is for the role of Self-Service Opening Assistant, however there are other volunteering roles available during staffed hours.)





vvnic	ch library do you want to volunteer at? " (circle/nighlight option)
	ise refer to library Self-Service Opening hours before making your ction https://www.barnet.gov.uk/libraries/library-opening-times
Chip	pping Barnet
Colir	ndale
Fincl	hley Church End
	It we are recruiting for the above libraries although this will be to others in the future.
Training, G	Qualifications, Skills and Experience
	us why you would make a good library volunteer. You can tell us about experience and qualifications

References:

Please nominate two character referees who have known you for at least one year and who are willing to be approached by us. These can include employers, or previous employers, Headteacher/Course Tutor, or person in a responsible position. Please note we cannot accept family members as referees.





Name:	Name:
Address	Address:
Telephone	Telephone
E-mail:	E-mail:
Relation to the applicant:	Relation to the applicant:

Have you any 'unspent' criminal convictions? **	Yes	No
(circle/highlight answer)		

^{**}If yes, please give details on an additional sheet and submit with this application.

Availability:

Approximately how much time would	
you like to give each week?	

At what times are you interested in volunteering? Please tick box (boxes) to indicate which day (s) and times of the day you would be available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							





Do you consider yourself to have a disability?

Do you consider yourself to have a disability? (circle/highlight answer)	Yes	No
o you consider yourself to have a health or me	edical condition	on?
Do you consider yourself to have a health or medical condition? (circle/highlight answer)	Yes	No
voe place tell us the nature of your disability	/health/medic	cal condition a
yes, please tell us the nature of your disability you require additional support to volunteer		





Data Protection

Barnet Council will collect and use the information you give us to undertake our functions as a local authority and deliver services to you. It is our responsibility to ensure that your information is kept safe. Where necessary and legally allowed, we will share your information with trusted external organisations, commissioned partners and contracted service providers in order to deliver services and support to you.

The information we collect may be used to better understand your use of our services and assist us in improving our services. This is to ensure we are using public funds in the best possible way. Under our duty to protect public money we may use the information you have provided for the prevention and detection of crime.

For further details of how we use your information and to understand your rights please visit www.barnet.gov.uk/privacy or email data.protection@barnet.gov.uk to request a full copy of our privacy notice.

request a full copy of our privacy notice.	
I have read and understood the statement above (please tick)	
Declaration	_
I declare that all the information provided is accurate	
SIGNATURE DATE	

Please email the form to lendahand@barnet.gov.uk or return the completed form to any Barnet Library.



