



# Cumberland Libraries Summer Reading Challenge Volunteer Application Form

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

National Insurance Number (16 & over): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address (if regularly checked): \_\_\_\_\_

Someone we can contact in an emergency

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

Why would you like to volunteer with Cumberland Libraries?

Please give details of any current or previous voluntary work you have done

What qualities do you think you could bring to Cumberland Libraries?

Would you like to help run activities for children?

Yes  No

Training: Can you commit to coming into the library before the Summer Reading Challenge starts in mid-July?  Yes  No

Please list below any days / dates / times that you are unable to volunteer due to holidays and personal commitments.

Cumberland Libraries may hold your contact details for consultation and possible focus group work.

Cumberland Libraries also require consent for your contact details and information to be securely stored with Cumberland Libraries for use in statistical monitoring to be shared with our partners in Cumberland Council.

**I GIVE CONSENT FOR STATISTICAL INFORMATION TO BE SHARED**

**I GIVE CONSENT FOR MY DETAILS TO BE STORED FOR A MAXIMUM PERIOD OF TWO YEARS**

- Cumberland Libraries holds information on volunteers electronically. Information is treated with care and respect and is never given to other organisations without your consent.
- On completion, please hand in the application form to your local library.
- You will be contacted shortly to arrange a convenient time to meet for an informal discussion.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian  
signature: \_\_\_\_\_

Date: \_\_\_\_\_

Closing date: Monday 3 June 2024