**TORBAY LIBRARIES**



Volunteer Details

**Surname** ..........................................................**First Name** ……………………………………………

**Address**………………………………………………………………………………………………….

……………………………………**Postcode**………………….……………………………….

**Email Address**…………………………………………………………………………………………

**Home Telephone**……………………………………..**Mobile** …………………………………………

**Date**

**Please describe relevant skills, experience and qualifications also what type/role of volunteering you would like to do and a little about yourself:**

**Any Health issues you think we need to know about for your safety:**

**PTO...**

**At which libraries would you like to volunteer (please tick)? Subject to availability**

**Churston  Brixham **

**Torquay  Paignton **

**When would you be available to volunteer please tick? This is open for discussion.**

**Morning Afternoon**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

Please give the contact details of 2 referees that you agree to us contacting, one should be your current or last employer:

**Referee 1**

**Referee 2**

The information you give on this form will only be used by Torbay Libraries to operate its services and will be stored securely. Your personal details will not be used for other purposes or shared with third parties without your consent, unless there is a lawful reason to do so. If you would like information on how your data is used, please contact Torbay Council’s Information Governance team on 01803 207467. More information regarding this can be found on Torbay Council’s internet pages at www.torbay.gov.uk

**Signed**…………………………………………………………………………………………………

**Date**…………………………………………………………………………………………………….

An enhanced Criminal Records Bureau check will be required by successful candidates (provided and paid for by the council).

Name…………………………………………………………………………………..

Address………………………………………………………………………………..

……………………………………………….Postcode………………………………

Telephone……………………………………………………………………………..

Email Address…………………………………………………………………………

Capacity in which known to the above……………………………………………….

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torbaycouncilCMYK

Name………………………………………………………………………………….

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Email Address…………………………………………………………………………

Capacity in which known to the above ……………………………………………….