

How did you hear about this volunteer opportunity?

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Please list your work experience to date – include name and date undertaken (paid or unpaid)

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Have you worked with children before, if so please give details?

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What dates are you available to volunteer? (Between 14th July and 14th Sept 2014)

Libraries may particularly need help at weekends or in the evenings, so please let us know what time of day you are free to help us.

You will also need to attend a training and induction session on a date before the Challenge starts – Induction will be advised once confirmed.

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Please list the libraries at which you'd like to volunteer. Please state your choices in order of preference, 1, 2 or 3. Please list only the libraries that you are able to travel to easily.

| Library | Choice 1 | Choice 2 | Choice 3 |
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| Charing Cross Library Charing Cross Road WC2H | | | |
| Church Street Library Church Street, NW8 | | | |
| Maida Vale Library | | | |

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| Sutherland Avenue, W9 | | | |
| Marylebone Library Gloucester Place, NW1 | | | |

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| Mayfair Library South Audley Street, W1K *Please note Mayfair Library will require volunteers in early July and early September ONLY* | | | |
| Paddington Children's Library Porchester Road, W2 | | | |
| Pimlico Library Lupus Street, SW1V | | | |
| Queens Park Library Harrow Road, W10 | | | |
| St John's Wood Library Circus Road | | | |
| Victoria Library Buckingham Palace Road, SW1W | | | |

Do you speak an additional language? if yes, please state:

Please state any special needs or medical conditions that you think we need to be aware of?

If you are under 18 years of age please ask a parent or guardian to sign this form to say that they are happy for you to volunteer with us:

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| I hereby give my permission for _____ |
| To volunteer with Westminster Libraries. I understand their details may be held on a database during the summer. |
| Parent/guardian's signature: |
| Name of parent/guardian: |
| Relationship to young person: |

Please provide details of one referee. If you are at school, this could be a teacher at your school.

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| Name of referee | |
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| Relationship to you | |
| Phone number | |

Criminal records disclosure

1. To be completed by **all** applicants. I confirm that I have:

No **unspent** convictions, cautions, reprimands, final warnings or pending charges.

One or more **unspent** convictions, cautions, reprimands, final warnings or pending charges. Please follow the instructions in section 7 (3)

2. **To be completed only** when applying for posts that are **exempt from the provisions of the Rehabilitation of Offenders Act 1974** (Exceptions) Order 1975 (as amended). All applicants applying for posts that have direct contact with vulnerable adults or/and children cannot consider any convictions as “spent” for the purposes of this application.

I confirm that I have...

No **spent** convictions, cautions, reprimands, or final warnings.

One or more **spent** convictions, cautions, reprimands or final warnings. Please follow the instructions in section 7 (3)

Please note. Any offer of voluntary appointment to the above post(s) will be subject to a satisfactory disclosure from the Criminal Records Bureau.

If you have answered **yes** to either of the questions above, please follow the instructions below:

- On a separate sheet of paper record brief details of the offence(s)
- Record the date and place of judgment and sentence(s) given
- Place the sheet of paper into a sealed envelope and attach to your application form.

The council has a positive policy on the recruitment of ex-offenders, and will not unnecessarily discriminate against those who disclose a criminal record unless it is considered that this makes you unsuitable for employment. In making this decision the council will consider the nature and relevance of the offence, how old you were when it was committed and any other factors which may be relevant.

This information will be treated in strictest confidence and only those directly involved in the recruitment process will have access to the information provided.

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| Declaration | |
| I certify that, to the best of my knowledge, the information I have provided is true, and I understand that any false information may result in the termination of my volunteering arrangements with Westminster City Council Libraries. | |
| I understand that my details may be stored on a database during the Summer Reading Challenge and will comply with the provisions of the Data Protection Act 1998. | |
| Signature | Date: |

Please complete and return **before Monday 9th June 2014:**

By Email: rbarrett1@westminster.gov.uk

By Post:

Rachel Barrett
Summer Read Volunteer Applications
c/o Schools Library Service
62 Shirland Road
LONDON
W9 2EH

If you have any questions about volunteering for the Summer Reading Challenge, please contact Rachel as above or phone 020 7641 4319

Thank you for your interest in volunteering with Westminster Libraries.