



PLEASE COMPLETE IN CAPITAL LETTERS AND BLACK OR BLUE INK

PERSONAL DETAILS									
Surname						Preferred Title			
Forename(s)						Male			Female
Address									
Town					Postcode				
Telephone Number					Email Address				
Driving Licence Holder		Yes		No					

EMPLOYMENT STATUS			
Not currently seeking employment		Retired from employment	
Unemployed but seeking employment		In full/part time employment	
In secondary/higher education		Self employed	
Retired but seeking employment		Involved in training scheme	

EMERGENCY CONTACT DETAILS			
Name			Relationship
Address			
Post Code			
Telephone Number(s)	Day	Home	Mobile

WHAT EXPERIENCE AND SKILLS DO YOU BRING TO THE LIBRARIES SERVICE?

Please give details of any other organisations for whom you have volunteered, with your experiences and dates involved:

Voluntary Organisation	Dates	Position and Responsibilities

HEALTH

A disability or health problem does not exclude you from volunteering. Applications from people with disabilities are welcomed.

Do you consider yourself to have disabilities / health issues that could affect your volunteering with the Libraries Service?

Yes ☐

No ☐

If yes, please give details. If necessary continue on a separate sheet.

It is important that you inform the Libraries Service if you experience any illness in the future that may affect your ability to volunteer for the service or that would put others at risk.

CRIMINAL OFFENCES

Do you have any unspent criminal convictions or impending charges against you? You do not need to declare any spent convictions.

Yes ☐

No ☐

How did you hear about volunteering opportunities with the Libraries Service? (Please tick all relevant box(es)):

Library Publicity incl council website ☐

Via a Volunteer Agency ☐

Newspaper Article ☐

Friend ☐

Other – Please Specify ☐

REFERENCES

Please provide full contact details for two referees. One should be in a professional capacity. The referees should not be directly related to you and should have known you for at least one year.

Name		
Address		
Town		
Post Code		
Telephone No		
Email Address		

DATA PROTECTION

In accordance with the requirements of the Data Protection Act 1998, you are advised that the information provided on this form is used for recruitment and selection of volunteers, that a volunteers database will be maintained and that the information provided may subsequently be used for payroll purposes in respect of expenses reimbursement and for personnel purposes on the Council's systems.

All personal details will remain confidential and are used solely for administrative purposes.

I declare that all the foregoing statements are true and complete to the best of my knowledge I agree to the use of personal data for the purposes stipulated above.

Signature of Volunteer **Date**

Please return this form in a sealed envelope marked **"Volunteer Application - Confidential"** to

Elgin Library
Cooper Park
ELGIN
IV30 1HS



LIBRARY VOLUNTEER AVAILABILITY FORM

PERSONAL DETAILS			
Surname		Preferred Title	
Forename(s)			
Address			
Town			
Postcode			

AVAILABILITY DETAILS				
Please X the appropriate boxes ensuring that these are <i>realistic</i> availability details.				
	9am - 12noon	12noon - 2pm	2pm - 5pm	5pm - 8pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday*				
Sunday				

*Elgin Library is open 10am-4pm, all other libraries & the Local Heritage Centre are open 10am-12noon.

The Council has public libraries in the following locations. Please indicate the library or libraries at which you will be a volunteer:

Aberlour	<input type="checkbox"/>	Dufftown	<input type="checkbox"/>	Lossiemouth	<input type="checkbox"/>
Buckie	<input type="checkbox"/>	Elgin	<input type="checkbox"/>	Milne's Learning Centre, Fochabers	<input type="checkbox"/>
Burghead	<input type="checkbox"/>	Forres	<input type="checkbox"/>	Tomintoul	<input type="checkbox"/>
Cullen	<input type="checkbox"/>	Keith	<input type="checkbox"/>	Local Heritage Centre	<input type="checkbox"/>

I confirm that the above information is correct, and that I will inform Moray Council's Libraries Service if any aspect is changed.

Signature:

Date: