Birmingham Community Libraries
Young Volunteer
Expression of Interest Form: Summer Reading Challenge 2019

We are looking for young volunteers (aged 15-24) who love books and reading. Volunteers will be introducing library visitors to the Summer Reading Challenge. The challenge encourages children to read 6 books during the summer. If you have a couple of hours spare each week and would like to help out at a Birmingham Library this summer, please complete this form.

Visit your local library with your completed application form or email a signed scanned copy of your form to: clsu@birmingham.gov.uk.

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<tbody>
<tr>
<td>Date of Birth</td>
<td>Age (between 15-24)</td>
</tr>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>Telephone</td>
<td>Home:</td>
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<td>Mobile:</td>
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<td>E-mail – <em>print clearly</em></td>
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<tr>
<td>Emergency contact name &amp;</td>
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<td>telephone number</td>
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Please give details of any medical conditions we should know about that might affect your volunteering:

Please tell us why you would like to volunteer for the Summer Reading Challenge

What skills do you have that might help you in your volunteering - e.g. are you creative?
Parent or Guardian’s consent – required if AGED 16 or below

If you are aged 16 and under please ask a parent or guardian to sign this form to say that they are happy for you to volunteer with us. If you are over 16, you can sign for yourself.

SIGNATURE...................................................................................... DATE.........................

PRINT name of signatory and relationship to the volunteer:

______________________________

Where can you volunteer?
Please go to [www.birmingham.gov.uk](http://www.birmingham.gov.uk). Search under Parks, Leisure and Wellbeing to find your local library. Check the opening hours and the addresses of Birmingham libraries and tell us at which library you would prefer to volunteer:

LIBRARY NAME:

Birmingham Community Libraries are grateful when people come forward to volunteer but sadly cannot guarantee a volunteer placement will be available that will suit all personal requirements. Unfortunately travelling expenses are not available.

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<th>Day</th>
<th>Monday</th>
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Please indicate any dates you will not be available (e.g. holiday dates)

You will need to show your passport or birth certificate before you can start volunteering. **A placement at a library is not guaranteed.**

If you have any questions please email [CLSU@birmingham.gov.uk](mailto:CLSU@birmingham.gov.uk) or call 0121 675 2455.

Data Protection Act

1, (print name):
consent to Birmingham City Council recording and processing the information in this expression of interest form. I understand that this information may be used by the City Council in carrying out its business or used to detect fraud and my consent is conditional upon the City Council complying with their obligations under the Data Protection Act.

I also confirm that the information in this expression of interest form is correct.

Signature:

______________________________
The information requested in this form will be treated as confidential and, in accordance with the Data Protection Act, will be used for no other purpose other than that stated. You may fill out all of the form or just choose the parts you want to complete. Please tick or complete the following boxes as appropriate:

**Gender**
- [ ] Female
- [ ] Male
- [ ] Prefer not to say

**For volunteers aged 17 and above only:** some volunteering roles may require you to be subject to a Criminal Records Bureau/Disclosure and Debarring (CRB/DBS) check.

| Have you ever had a CRB/DBS check? Please provide relevant details and a copy of any current valid CRB/DBS certificate. |
| Have you ever been banned from working with children or vulnerable adults or had any other restrictions placed upon you? If yes please provide details. |

**Do you have the right to work in the UK?**
- [ ] Yes
- [ ] No

**Disability**
The Equality Act 2010 defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Do you have a disability as defined above?
- [ ] Yes
- [ ] No

If all of the above does not apply to you, however, you consider yourself to have a disability, please tick here. □

Please provide further information with regards to your disability
- [ ] Learning Disability
- [ ] Sensory impairment
- [ ] Long standing illness
- [ ] Prefer not to say
- [ ] Mental Health condition
- [ ] Other
- [ ] Physical impairment
- [ ] Prefer not to say
- [ ] Other