



# Colehill Community Library

## Volunteer Application Form

Name: .....Date of Birth (If under 16 yrs).....

Phone no: .....E-mail address: .....

Address: .....Postcode:.....

**Days on which I may be available to volunteer:** (Please circle)

Mon am / Mon pm      Tues am / Tues pm      Wed am / Wed pm

Thurs am / Thurs pm      Fri am / Fri pm      Sat am

**For the following tasks:**

Front of House to INCLUDE assisting with computer use

Special responsibilities e.g. Rhyme Time / Secretarial /  
Cleaning / Maintenance / Gardening

Fundraising

Other skills I can offer (Please specify)

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**I agree that my contact details may be retained on Colehill Community Library’s Volunteer Database and made available for use on Library business. This information will be removed at my request.**

signed .....

I agree to..... undertaking duties as a volunteer at Colehill Community Library

Signed..... PRINT NAME.....(Parent/Guardian)

Date:.....