



# BIDFORD COMMUNITY LIBRARY

## VOLUNTEER APPLICATION FORM

PLEASE PRINT

NAME:	
ADDRESS:	
TELEPHONE (HOME):	
TELEPHONE (MOBILE):	
EMAIL:	
IN WHAT CAPACITY ARE YOU WILLING TO HELP? (i.e. in library, fundraising etc)	
DO YOU HAVE ANY SKILLS OR BACKGROUND THAT WOULD BE PARTICULARLY USEFUL?	
WHEN WOULD YOU BE AVAILABLE TO HELP? (see opening times below)	
Signed:	Date:
<b>Opening hours:</b> Monday: 10.00 am – 4.30 pm Tuesday: 10.00 am – 4.30 pm Friday: 10.00 am – 6.00 pm Saturday: 10.00 am – 12.00 pm	<b>Please return to:</b> Bidford Community Library Bramley Way Bidford-on-Avon B50 4QG

OFFICE USE ONLY:

Contacted:

DBS completed:

Confidentiality Form signed:

Set up: