

**Volunteer Application Form** Confidential

**What is the project name/reference that you’re interested in?**

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**Personal Details**

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| Are you age 16 or over? **Yes**  [ ]  **No**  [ ]  If ‘No’, unfortunately you are not old enough to volunteer with us at the moment, but thank you for your interest. |
| Surname |  |
| Forenames (in full)  |  |
| Email address |  |
| Home address |  |
| Contact telephone numbers | Home:Work/Daytime:Mobile: |
| Employment status(please tick) | In education [ ] In work for less than 16 hours per week [ ] Unemployed [ ] Employed [ ] Retired [ ] Other [ ]  |

If you are from a country outside of the European Economic Area, have you obtained the correct paperwork to allow you to volunteer in Wales?

**Yes** [ ]  **No**  [ ]  **Not applicable** [ ]

If **Yes**, please provide further details

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**Availability**

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| When are you able to volunteer? (tick) |
|  | **Mon** | **Tues** | **Wed** | **Thurs** |
| **am** |  |  |  |  |
| **pm** |  |  |  |  |
| Do you have a specific term for volunteering in mind:From..……………………………… To……………..………………… ***Or*** Ongoing (please circle) |

**Supporting Information**

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| Please tell us why you are interested in volunteering in this role and what you hope to gain from it. |
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| Please let us know about any experience, competencies, skills or knowledge relevant to the role - this could include previous volunteering, education, training, jobs, hobbies and interests. |
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**Languages**

Do you speak Welsh and English? **Welsh**  [ ]  **English**  [ ]

Are you able to write to a high standard in Welsh and English? **Welsh**  [ ]  **English**  [ ]

Please note that not being able to speak Welsh does not exclude you from all volunteering projects.

Please let us know if you speak any other languages:

………………………………………………………………………………………………………………………

**Security**

If your application is successful, you will be required to undergo a basic DBS check. Our HR Unit will send you a link and login details to the DBS system for you to complete online. Please let us know if you need support with your application.

(N.B. Convictions or a criminal record will not necessarily prevent you from volunteering – each case is dealt with on its own merits)

**Where did you see/hear about volunteering with us?**

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**Health**

Please let us know if there is anything regarding your medical history or state or health that is relevant to this application.

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**References**

References are taken as standard for all volunteering roles. Please give the contact details of 2 people (ideally who have known you for longer than a year) who can be contacted for a reference and who are able to comment on your suitability for the role. These should be non family members and, if you can, please provide one who has a professional relationship to you e.g. present/most recent employer or college tutor.

|  |  |
| --- | --- |
| **Name:**  | **Name:**  |
| **Address:**  | **Address:**  |
| **Email:** | **Email:** |
| **Telephone no:** | **Telephone no:**  |
| **Relationship to you:** | **Relationship to you:** |

**Due to the** high demand for volunteering opportunities, we cannot guarantee your placement, however we do ensure that all applications are treated equally and will be submitted for consideration.

If your application is successful, you will be invited for an informal interview, and if both parties are happy to continue, a trial period will be arranged.

**Please sign here to indicate that all the information you have given us in this form is true and correct to the best of your knowledge**

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| --- |
| Signature: |
| Name (print): |
| Date: |

Your personal data is collected and used solely for the purposes of the NLW volunteering project. We will process the data on the basis of your consent, and it will not be shared with 3rd parties. Your personal data will be kept for 1 year after the end of the current calendar year. For more information see: <http://www.library.wales/about-nlw/governance/general-data-protection-regulation/>

*Please return this form to: Gwyneth Davies, Volunteer Co-ordinator, The National Library of Wales, Aberystwyth, Ceredigion, SY23 3BU or via email to:* *gwyneth.davies@llgc.org.uk*

**Volunteer Equality Monitoring Form**

As part of our Single Equality Scheme the Library is monitoring applications to ensure that equally favourable treatment is given regardless of gender, age, race, ethnic/national origins, colour, disability, region or belief.

All information you provide will be treated in confidence and will not be used in any way as part of the selection process.

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| --- | --- |
| **Gender**  [ ]  Female [ ]  Male  [ ]  Non-binary [ ]  Prefer not to say  | **Ethnic Group** **Asian or Asian British** [ ]  Asian Welsh [ ]  Asian British [ ]  Indian [ ]  Pakistani [ ]  Bangladeshi  [ ]  Asian Other (please specify if you wish)………………………………………………… **Black or Black British** [ ]  Black Welsh  [ ]  Black British  [ ]  Black Caribbean  [ ]  Black African  [ ]  Black Other (please specify if you wish)………………………………………………… **Chinese or other Ethnic Group**  [ ]  Chinese [ ]  Other Ethnic Group (please specify if you wish) ………………………………………………… **Mixed** [ ]  Asian and White [ ]  Black African and White [ ]  Black Caribbean and White  [ ]  Other Mixed Background (please specify if you wish)………………………………………………… **White** [ ]  White Welsh  [ ]  White British  [ ]  White Other (please specify if you wish)…………………………………………………  [ ]  Prefer not to say |
| **Age Group**  [ ]  16 - 24  [ ]  25 - 34  [ ]  35 - 44  [ ]  45 – 54 [ ]  55 – 64 [ ]  64+ [ ]  Prefer not to say |
| **Religion**  [ ]  Buddhist  [ ]  Christian  [ ]  Hindu  [ ]  Jewish  [ ]  Muslim [ ]  Sikh  [ ]  No Religion [ ]  Other (please specify)…………………………………………………  [ ]  Prefer not to say |
|  |
| **Do you consider yourself to have a disability?** The Disability Discrimination Act 2005 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on a person’s ability to carry out day-to-day activities. [ ]  Yes [ ]  No [ ]  Prefer not to say**Please specify if there any particular adaptations or access arrangements relating to your disability which would assist you**…………………………………………………………………………………………………………………..………………………………………………………………………………………………………………….. |