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|  |  |
| **Charity Bookshop Volunteer Application Form** |

**DATE COMPLETED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
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|  |  |
|  |  |

1. **Personal Details:**

|  |  |
| --- | --- |
| Title Mr/Mrs/Ms/Miss/Dr/Other |  |
| First Name(s) |  |
| Surname |  |
| Address  |  |
|  |
| Postcode |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address  |  |
| Are you a member of The Linen Hall? | Yes |  | No |   |

1. **How did you hear about volunteering at The Linen Hall Charity Bookshop**(please tick)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| Experience of The Linen Hall |  | The Linen Hall Website |  |
| Article in The Linen Hall ezine |  | Recommended by staff/volunteer |  |
| Volunteer Centre |  | Library member |  |
| Social Media |  | Other (please specify) |  |

**3. Skills and Experience**

Please give a brief description of your skills and interests that you feel are of relevance to The Linen Hall Charity Bookshop.

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|  |
|  |
|  |
|  |

**4. Please indicate your general availability** (please tick):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Any Day |  | Thursday |  | Morning |  |
| Monday |  | Friday |  | Afternoon |  |
| Tuesday |  | Saturday |  | All Day |  |
| Wednesday |  |  |  | Flexible |  |

**How much time on any given day would you anticipate volunteering** (please tick)?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Flexible |  | 1h |  | 2h |  | 3h |  | 4h |  | 5h |  | 6h |  | 7h |  | 8h |  | >8hours |  |

**5. Referee**

Please give the name of someone who can be contacted for a reference. Referees should be able to comment on your suitability for the role and should not be a member of your family.

|  |  |
| --- | --- |
| Referee Full Name |  |
| Address  |  |
|  |
| Postcode |  |
| Telephone Number |  |
| Country |  |
| Email Address  |  |
|  |  |
| How long have you known this person? |  |
| In what capacity do you know this person? |  |

**6. Emergency Contact**

|  |  |
| --- | --- |
| Title Mr/Mrs/Ms/Miss/Dr/Other |  |
| First Name(s) |  |
| Surname |  |
| Relationship (Parent/Friend/Spouse/Partner/Other) |  |
| Address  |  |
|  |
| Postcode |  |
| Country |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |

**7. Data Protection**

|  |
| --- |
| The information you have provided will be kept confidential. The Linen Hall is registered under the Data Protection Act. With your permission, we may use this data to keep you informed of other news concerning The Linen Hall. |
| **If you would prefer not to receive these mailings, please tick here** |  |
| I hereby give permission for my details to be stored on the Linen Hall Library’s database. |
| **Signature** |  | **Date** (dd/mm/yy) |  **/ /** |

**Please return your completed application to:**

**Volunteer Liaison Officer**

The Linen Hall

17 Donegall Square North

Belfast

BT1 5GB

For internal office use.

Contacted on:

Interviewed :

**17 Donegall Square North, Belfast BT1 5GB**

Tel: (028) 9032 1707 Email: info@linenhall.com W: www.linenhall.com

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