

Goring Library Volunteer – Expression of Interest Form

Title:	Surname:
First name:	Known as:
Address:	Home phone:
	Mobile phone:
	Email address:
Postcode:	
Gender:	

Please give details of somebody we can contact in an emergency:

Name:	Relationship to you:
Address:	Home phone:
	Mobile phone:
Postcode:	

When would you like to volunteer?

The Volunteer Coordinator will discuss this with you, based on the timetable, but please state below any days or times you would prefer by marking with 'Yes', or definitely cannot do by marking with 'No':

<u>Day</u>	<u>Time morning</u>	<u>Yes/No</u>	<u>Time afternoon</u>	<u>Yes/No</u>
Monday	9.30am-12.30pm		Closed	-----
Tuesday	9.30am-12.30pm		4-7pm	
Wednesday	Closed	-----	Closed	-----
Thursday	9.30am-12.30pm		2-5pm	
Friday	9.30am-12.30pm		2-5pm	
Saturday	9.30am-1pm		Closed	-----

I agree that personal data relating to me which has been obtained by Goring Library, including the personal data given by me on this form, may be held and processed either on computer or in manual records and will be disclosed to officers and authorised employees of Oxfordshire County Council for any purpose relating to my voluntary work for the Library. The information on this form will be stored on computer and used in accordance with the Data Protection Act 2018.

By signing this form you undertake that the information you have provided is true and accurate to the best of your knowledge.

Signed:	Date:
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