

## Library Volunteer Application Form Duke of Edinburgh placement

Contact details									
Full name									
Address									
Postcode									
Telephone				Mobile					
Email				WODIIC		1			
Date of birth									
Emergeney center	t nama								
Emergency contact Telephone	i name								
Тоюрноно		l .							
Are you a member	of the libr	ary?	Yes		No				
Please note that in order to be eligible for a placement you must live or study in the London Borough of Richmond-upon-Thames.									
DofE contact deta									
DofE leader name									
Telephone									
Email									
Please fill in the details of your School or Group where you are doing your DofE:									
School/Group nam									
School/Group conf									
School/Group add	ress								
School/Group ema	ail								
School/Group tele									
									T 1
I have attached a letter from my group/school to confirm that I am  Yes  No participating in a Duke of Edinburgh scheme.							No		
participating in a L	uke oi Eu	ilibulgii sc	JIEITIE.						
About your place	ment								
Are you completing	a vour Do	FC /places	tials and	`	Dropze		Cil	/or	Cold
Are you completing	g your Doi	c (piease	tick one	)	Bronze	<del>.</del>	Sil	vei	Gold
Why are you interes	ested in do	ing your [	DofE pla	cement at	the libra	ry? V	Vhat are y	our goals?	
							-		
		Т							
Ideal start date or	month								

Proposed length of placement

Date

Please note that your shift will be once a week, for a minimum duration of 2 hours.    Please note that your shift will be once a week, for a minimum duration of 2 hours.    Please to   Please   Plea											
Please note that your shift will be once a week, for a minimum duration of 2 hours.    Which library(ies) are you interested in volunteering for? (please tick)   Whitton	(e.g. 3 months,	6 m	onths)								
Which library(ies) are you interested in volunteering for? (please tick)  Whitton Richmond Twickenham Teddington East Sheen Hampton Rathough we endeavour to offer you a placement at your nearest library, this may not always be possible.  Please tell us your preferred days and times for volunteering. (please tick)  Monday Tuesday Wednesday Thursday Friday  Morning Monday Tuesday Wednesday Thursday Friday  Morning After-noon Evening Rather-noon											
Whitton   Richmond   Teddington	Please note that your shift will be once a week, for a minimum duration of 2 hours.										
Whitton Richmond Teddington East Sheen Hampton Although we endeavour to offer you a placement at your nearest library, this may not always be possible.  Please tell us your preferred days and times for volunteering. (please tick)    Monday   Tuesday   Wednesday   Thursday   Friday   Morning   After-noon											
Whitton Richmond Teddington East Sheen Hampton Although we endeavour to offer you a placement at your nearest library, this may not always be possible.  Please tell us your preferred days and times for volunteering. (please tick)    Monday   Tuesday   Wednesday   Thursday   Friday   Morning   After-noon											
Twickenham   Teddington   Hampton		s) a		ted	in volunte	eering f	or? (pl	ease tick	()		
Although we endeavour to offer you a placement at your nearest library, this may not always be possible.  Please tell us your preferred days and times for volunteering. (please tick)    Monday   Tuesday   Wednesday   Thursday   Friday											
Although we endeavour to offer you a placement at your nearest library, this may not always be possible.  Please tell us your preferred days and times for volunteering. (please tick)    Monday			•								
Please tell us your preferred days and times for volunteering. (please tick)    Monday   Tuesday   Wednesday   Thursday   Friday	East Sileeii	<u> </u>	Папіріоп								
Please tell us your preferred days and times for volunteering. (please tick)    Monday   Tuesday   Wednesday   Thursday   Friday	Although we endeavour to offer you a placement at your nearest library, this may not always be										
Monday Tuesday Wednesday Thursday Friday  Morning After-noon Evening  Equal Opportunties  The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:  Peclaration  Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
Monday Tuesday Wednesday Thursday Friday  Morning After-noon Evening  Equal Opportunties  The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:  Peclaration  Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian	Diago tall us vo	NI I	proformed days	n on	d times fo	or volur	atoorin	a (place	o tick)		
After-noon Evening  Equal Opportunties  The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:  Declaration  Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  Lacknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian	Please tell us your preferred days and times for volunteering. (please tick)										
After-noon Evening  Equal Opportunties  The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:  Declaration  Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  Lacknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian		1. //	onday	T T.	lecdo.	1	Medaa	eday	Thursday		Friday
After-noon	N.4	IVI	onuay	10	lesuay	· '	vedne	Suay	Thursday		riluay
Equal Opportunties  The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:  Declaration  Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian				1							
Equal Opportunties  The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:  Declaration  Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.											
The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:    Declaration	Evening										
The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:    Declaration											
The London Borough of Richmond Upon Thames aims to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:    Declaration	Equal Opportu	ntic			_			_			
all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:    Declaration	Equal Opportu	Hitie	:5								
all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back) below:    Declaration											
Vour details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
Declaration  Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.							r roie, p	olease gr	ve details b	elow o	rany
Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian	disabilities of the	aiu	i issues (e.g. L	Jau	back) be	IOW.					
Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
Your details will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian	Declaration										
and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
and confidentially.  I declare that the information provided is true.  Signed  Date  Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian					20. 0				0040 TI		
Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian			kept in accord	anc	e with th	e Data	Protec	tion Act	2018. They	will be	neia securely
Parent or Guardian's consent for volunteers under 18 years  I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian			formation prov	/ide	d is true.						
I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian			•			Date	)				
I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
I acknowledge that my son or daughter named above has applied to volunteer at the London Borough of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian	Parent or Guardian's consent for volunteers under 18 years										
of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
of Richmond-upon-Thames libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
parent/guardian it is my responsibility to ensure the suitability of this placement.  Name of guardian											
Name of guardian											
	·		, ,	,					•		
Telephone		an									
Email Signature											

Official

Please note that all successful applicants will be contacted for an informal interview.

## Thank you!