



City of Westminster

Application for Summer Volunteer: Reading Mentor 2024

Full name:	
Address:	
Post Code:	
Mobile telephone number:	
E-mail: (please print)	
Please provide us with an emergency contact in case you are taken ill etc.	
Emergency contact name:	
Emergency contact number:	
Their relationship to you:	

As our goal is to become the most inclusive library service in the country, answering the following questions will help us in making sure that we are representing all our communities well.

What is your date of birth?		Prefer not to say. _____
How do you describe your Gender?		Prefer not to say. _____
How would you describe your ethnic background?		Prefer not to say. _____
What is your religious background?		Prefer not to say. _____
Do you have any disability?		Prefer not to say. _____

How did you hear about this volunteer opportunity?

What attracted you to wanting to work with the Summer Reading Challenge?

Have you worked/volunteered with children before, if so, please give details?

What dates are you available to volunteer? (Anytime between 22nd July and 10th Sept 2024). Libraries need help at weekends and early evenings as well as weekdays, but please list only the dates you know you can commit to.

Please list the library where you'd like to volunteer. If there is more than one, you can state your choices in order of preference. Please list only the libraries that you are able to travel to easily.

Library	Choice 1	Choice 2	Choice 3
Charing Cross Library Charing Cross Road WC2H			
Church Street Library Church Street, NW8			
Maida Vale Library Sutherland Avenue, W9			
Marylebone Library New Cavendish Street, W1G 9UQ			
Mayfair Library South Audley Street, W1K			
Paddington Children's Library Porchester Road, W2			
Pimlico Library Lupus Street, SW1V			
Queens Park Library 666 Harrow Road, W10			
St John's Wood Library Circus Road			
Victoria Library Buckingham Palace Road, SW1W			

Do you speak any additional languages? If yes, please state:

Are there any special needs or medical conditions that you think we need to be aware of?

If you are under 18 years of age, please ask a parent or guardian to sign this form to say that they are happy for you to volunteer with us:

I hereby give my permission for _____

To volunteer with Westminster Libraries. I understand their details may be held on a database during the summer and subsequently to invite them with future celebration and service development events.

Are you happy for us to keep their details to contact them with future volunteering opportunities, celebration, service improvement ideas and events after they have completed their placement?

Please tick as relevant:

Yes _____

NO _____

Parent/guardian's signature:

Name of parent/guardian:

Relationship to young person:

Please provide details of one referee. (If you are at school, this could be a teacher at your school.)

Name of referee

Relationship to you

Phone number

Declaration

I certify that, to the best of my knowledge, the information I have provided is true, and I understand that any false information may result in the termination of my volunteering arrangements with Westminster Libraries & Archives.

I understand that my details may be stored in a database during the Summer Reading Challenge and will be used to invite me for future celebrations and service development events and will comply with the provisions of the Data Protection Act 2018 and associated General Data Protection Regulations (GDPR).

Signature:

Date:

Please complete and return form:

By Email: libraryvolunteers@westminster.gov.uk or hand in at your local library

Thank you for your interest in volunteering with Westminster Libraries.