

Shetland Library: Volunteer application form

Name	
Address	
Phone number(s)	
Email address	

Why do you want to volunteer with the library service?

Please give details of the kind of work you are seeking and the hours you would like to work.

Please turn over ->

PVG membership: are you a member of the Protecting Vulnerable Groups Scheme? If yes please write your 16 digit scheme membership number below and confirm whether the type of regulated work you have been checked for is with Adults, Children or Both.

Number:

Type of membership:

References: please give full contact details for two referees. Your referees should not be personally related to you and should have known you for at least a year. One should be from your most recent employer, but character references are fine if you have not been recently employed.

Referees will only be contacted when and if a suitable volunteering position becomes available for you.

Referee One	
Name	
Address	
Phone number(s)	
email	

Referee Two	
Name	
Address	
Phone number(s)	
email	

Please hand this form in at the Library, or email to shetlandlibrary@shetland.gov.uk

For office use only

Date received	
Date interviewed	
References check	
PVG check	