



Information ● Recreation ● Education ● Culture

Little Chalfont Community Library  
Cokes Lane  
Little Chalfont  
Bucks  
HP7 9QA  
Tel. 01494 764602

## **VOLUNTEER APPLICATION FORM**

|   |  |                   |  |
|---|--|-------------------|--|
| NAME  |  |                   |  |
| ADDRESS   |  |                   |  |
| EMAIL ADDRESS   |  |                   |  |
| LANDLINE NUMBER   |  | MOBILE NUMBER     |  |
| NAME AND NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY   |  |                   |  |
| Please tell us why you are interested in volunteering at the library?   |  |                   |  |
|   |  |                   |  |
| Please look at our website for our opening hours and include details of your availability (hours per week and on which days). |  |                   |  |
|   |  |                   |  |
| Two References are required (friends or colleagues who have known you for at least a year but not a family member):-          |  |                   |  |
| Reference 1:  |  | Reference 2:      |  |
| Name:   |  | Name:             |  |
| Email address:  |  | Email address:    |  |
| Telephone number:   |  | Telephone number: |  |
| Signature: _____ Date: _____  |  |                   |  |
| Thanks for completing the application form. Please return to the Library during opening hours.                                |  |                   |  |