



Little Chalfont
COMMUNITY LIBRARY

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.			