

Rhondda Cynon Taf Libraries Volunteer Application Form

About you			
First Name			
Surname			
Male			Female
Address			
		Postcode	
Home			Work
Mobile			Fax
Email address			
School/College [If appropriate]			
Name of volunteer role you wish to apply for			
Please list libraries you are willing to volunteer at below			
Paid and voluntary work experience			
Date	Organisation and role		
From			



From		
To		
From		
To		
Relevant skills, qualifications and experiences		
Qualifications		
Skills e.g. computer skills/IT		
Experience e.g. people skills, working with children/elderly		
Reference: Please give the name of someone who can be contacted for a reference. This person should not be related to you.		
Name		
Address		
		Postcode
Telephone No		
Please detail below how you heard about this volunteering opportunity		



And finally....

- No one is excluded from volunteering but for some activities with children and/or vulnerable people volunteers may be screened (CRB check). This is a legal requirement.
- You will be contacted shortly to arrange a convenient time for interview
- RCTCC holds personal information on a database and treats it with respect.
- Please sign below and return to:

Signature:

Date:

Parent/Guardian if under 16:



STRONG HERITAGE | STRONG FUTURE
RHONDDA CYNON TAF
TREFTADAETH GADARN | DYFODOL SICR