In Partnership with North Yorkshire County Council

Dear Potential Volunteer

We would like to thank you for your offer to become a volunteer in the Community Library. Without volunteers this very important village facility would face closure.

Not only do we need people to help in the library during opening hours with the issue and discharge of books, shelving, tidying, and all the other jobs associated with a library, but we also need help in other areas. There is always the vital fundraising. We also need people to tell stories, give IT support, make cups of coffee and help with events.

If this is for you, training will be given by more experienced volunteers or staff from NYCC. In return we do expect volunteers to be reliable and attend any relevant training sessions offered. In some instances a CRB check will be required.

We hope to make your volunteering experience a pleasant one, which will continue for a long time into the future.

Attached to this letter you will find the relevant forms which need to be completed and returned to the library. Please place in a sealed envelope marked 'For the Attention of the Volunteer Co-ordinators'.

Embsay-with-Eastby Community Library Steering Group

In Partnership with North Yorkshire County Council

Volunteers' charter

We really appreciate your help and want your volunteering role to be a pleasant and rewarding one. To make this a reality, we will:

- introduce you to the library and show you how it works and your role within it;
- provide any training you need for your chosen activity;
- provide a safe place in which to volunteer;
- respect your skills, experience, dignity and individual wishes;
- keep any personal information given confidential;
- provide regular meetings with co-ordinating volunteers to ensure your needs are being met and you are happy with your role;
- deal with any complaints/problems you may have.

As a volunteer we ask you to:

- attend the relevant training sessions;
- carry out your voluntary work safely and to the best of your ability;
- maintain good relations with other volunteers and library users;
- keep any information about other volunteers confidential;
- familiarise yourself with policies relating to the role;
- respect decisions taken by the co-ordinators, particularly with regard to quality of work and safe working practices;
- be punctual and inform a co-ordinator if you are unable to attend;
- inform a co-ordinator if there are any changes needed to your medical declaration.

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Volunteer Registration Form

Name:		
Address:		
Telephone number:		
Mobile number:		
Email address:		
Days when you are available:		
Do you have any objection to your details being circulated to other volunteers? (please delete as appropriate)		
	-	
	-	
volunteers? (please delete as appropriate	e) No	
volunteers? (please delete as appropriate Yes	e) No ents? (please delete as appropriate)	
volunteers? (please delete as appropriate Yes Would you like to help at fundraising ev	e) No ents? (please delete as appropriate) No ibrary activities? For example, you	
volunteers? (please delete as appropriate Yes Would you like to help at fundraising ev Yes Could you contribute anything extra to l	e) No ents? (please delete as appropriate) No ibrary activities? For example, you	
volunteers? (please delete as appropriate Yes Would you like to help at fundraising ev Yes Could you contribute anything extra to I may be interested in a particular craft of Please give details as appropriate:	e) No ents? (please delete as appropriate) No ibrary activities? For example, you	
volunteers? (please delete as appropriate Yes Would you like to help at fundraising ev Yes Could you contribute anything extra to I may be interested in a particular craft of Please give details as appropriate:	e) No ents? (please delete as appropriate) No ibrary activities? For example, you r work with children.	

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Health Questionnaire Form CONFIDENTIAL

To be completed by the volunteer prior to starting

Name:

Which role(s) have you volunteered for?

.....

Please circle as appropriate:

Do you need any special aids/adaptions to assist you in your volunteering role, whether or not you have a disability?

Yes No

Do you have any medical condition or disability which may affect your ability to carry out your proposed volunteer activity?

Yes No

Your health and safety is of paramount importance, and if the answer to the above questions is yes, the Volunteer Coordinator will have a discussion with you.

A disability or health problem does not preclude you from doing voluntary work, but you need to decide whether you are fit to carry out the role, and we need to know what we can do to assist you.

Declaration

I confirm that the information provided is correct to the best of my knowledge, and if my situation changes I will inform the Volunteer Co-ordinator.

Name:	Signature:
Date:	