



Library Volunteer Expression of Interest

Applicant Details:

All information is strictly confidential and will only be used for Hornsby Shire Library purposes.

Filling in this form does not automatically guarantee an offer of a voluntary position.

To lodge this form: email to: library@hornsby.nsw.gov.au or mail to: PO Box 37, Hornsby, NSW 1630

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Family Name:		Given Name/s:
Address:		
Suburb:		Postcode:
Email Address:		Fax:
Home Phone:	Business Phone:	Mobile:
Date of birth: (required for insurance)		

General Information:

<p>Volunteer Work</p> <p><input type="checkbox"/> Justice of the Peace</p> <p><input type="checkbox"/> Computer assistance</p> <p><input type="checkbox"/> Duke of Edinburgh Scheme</p>
<p>If you are interested in volunteering as a Justice of the Peace please provide your registration number:</p>
<p>If you are interested in volunteering as part of the Duke of Edinburgh Scheme please provide your school name:</p> <p>Please indicate the level of the scheme you are attempting:</p> <p><input type="checkbox"/> Bronze</p> <p><input type="checkbox"/> Silver</p> <p><input type="checkbox"/> Gold</p> <p>School Attending:</p>



HORNSBY
SHIRE COUNCIL

Availability:

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Please tick the day/s and times you would prefer to volunteer:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Fortnightly |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Monthly |

Which of the Hornsby Shire Libraries are you willing to do voluntary work at?

- Hornsby
 Pennant Hills
 Berowra
 Galston

Do you have any particular skills/hobbies which will be of particular use in your volunteer work?

Do you speak a language, other than English, that you would like us to be aware of?

Please provide details of any medical condition/s you have which may affect your ability to volunteer.

Emergency Contact Details:

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Family Name:		Given Name/s:
Address:		
Suburb:		Postcode:
Home Phone:	Business Phone:	Mobile:
Relationship:		



HORNSBY
SHIRE COUNCIL

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Referee Details: (who are not related to you)

Not required for Duke of Edinburgh applicants

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Family Name:		Given Name/s:
Email:		
Phone:	Mobile:	

Signature:

Date:

Staff use only:

Date received:	
Branch/Section assigned to :	Date commenced:
Supervisors signature:	Date:
Comments:	

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Linking lives to learning and leisure

Hornsby Shire Council

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