

# Frankston City Libraries

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## Volunteer Application Form

### Tell us about you:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Please complete all details legibly. If you are a returning volunteer, we need to check our records against this form for any changes.

If you are under 16 years of age please tick ( )

Which library would you prefer to volunteer at please tick: Frankston ( ) Carrum Downs ( )

For how long do you foresee you will be able to commit voluntary time to Frankston City Libraries?

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### Volunteer tasks available at Frankston and Carrum Downs Libraries

Please tick what would interest you.

- Shelving fiction, non-fictions books, dvd's, magazines, childrens books, talking books ( )
- Shelf ordering putting books into perfect order alphabetical and Dewey Decimal System ( )
- Program Preparation – cutting out, assisting with children's programs when asked ( )
- Events Support – setting up chairs for special events, packing up after events, assisting with events with the Marketing Officer ( )
- Collection Preparation – Re-packaging dvd's, cd's, talking books, adding stickers ( )
- Home Library Service – delivering items to customers who are housebound ( )
- Trove – editing scanned historical local newspapers on-line – Keyboard Skills desirable ( )

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone:(h) \_\_\_\_\_ (w) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Special Requirements (e.g. wheelchair access): \_\_\_\_\_

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### References:

All new volunteers are required to provide two personal referees.

Referee 1:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PTO**

Referee 2:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Tell us a little about yourself

We aim to make your volunteering experience as valuable as possible, and relevant to your particular needs, areas of interest, and capabilities.

Why would you like to volunteer with the Frankston City Libraries?

Do you have any special skills, areas of interest or attributes that may assist in your volunteer role? (e.g. speak languages other than English)

If the library is at full capacity with volunteers would you give the library permission to pass on your application details to:

Volunteer Resource Centre ( )

Meals on Wheels ( )

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian must sign for person under 18)

Name: \_\_\_\_\_

Please return the completed application form for consideration to Frankston City Libraries, Library Volunteer Officer, 60 Playne Street, Frankston, 3199 or email: [libraryenquiries@frankston.vic.gov.au](mailto:libraryenquiries@frankston.vic.gov.au) or fax to (03) 9784 1750.

**Privacy Statement**

The personal information requested on this form is being collected by Council for Library Volunteer purposes. This information will be used solely by Council for that primary purpose or directly related purposes and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information.

Please note that all applicants will need to undergo a screening process and therefore will not automatically be accepted.