



Toyhouse Libraries Association of Tower Hamlets

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APPLICATION FORM TOYHOUSE VOLUNTEER

NAME: _____

ADDRESS: _____

POSTCODE: _____ **EMAIL ADDRESS:** _____

DATE OF BIRTH: _____ **GENDER:** FEMALE / MALE

PHONE NUMBER: _____ **MOBILE NUMBER:** _____

This information will be stored and used by Toyhouse Libraries in accordance with the Data Protection Act.

- It is a requirement of Volunteering for Toyhouse that you agree to complete a Disclosure Application Form for the Criminal Records Bureau (CRB). Toyhouse will need to receive a satisfactory report from the CRB before your position as a Volunteer can be confirmed.

REFEREE:

Please give us the name and address of someone who has known you well for at least two years, who is over 18 years old but who is not related to you and who is willing to write a short reference for you. This person could be a friend, a neighbour, a teacher or Tutor.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **MOBILE NUMBER:** _____

HOW DOES THIS PERSON KNOW YOU? _____

ETHNIC ORIGIN: Please tick one box below.

| | | | |
|-----------------|--|----------------------|--|
| White UK | | Bangladeshi | |
| Irish | | Pakistani | |
| Greek | | Indian | |
| Turkish | | Asian UK | |
| Other European | | Chinese | |
| Jewish | | Vietnamese | |
| White - other | | Asian - other | |
| Black African | | Somali | |
| Black Caribbean | | Black other | |
| Black UK | | Other - Please state | |

WHAT IS YOUR FIRST LANGUAGE? _____

DO YOU SPEAK ANY OTHER LANGUAGES? _____

WHICH LANGUAGE: _____

WOULD YOU DESCRIBE YOURSELF AS HAVING ANY SORT OF DISABILITY? Y / N

ARE YOU A PARENT OR A CARER? _____

(All the above information is needed for monitoring purposes only and will not negatively affect your application to be a Toyhouse Volunteer)

NOW, WHERE WOULD YOU LIKE TO BE A VOLUNTEER?

Do you want to be a Toyhouse Volunteer in a Toy Library? _____

If yes, do you know which one? _____

Do you want to be a Toyhouse Volunteer in a Soft Play Project? _____

If yes, do you know which one? _____

Do you want to be a Toyhouse Volunteer in a Mobile Project? _____

Is there any other way you would like to be a Toyhouse Volunteer? _____

Please describe what you would like to do: _____

Are you already involved in any way with a Toy Library, Soft Play or Mobile Project? **Y / N**

If yes, can you tell us where and when: _____

DECLARATION:

I declare that the information entered on this form is true and accurate.

I understand that if it is subsequently discovered that any statement is false or misleading I might not be allowed to continue as a Toyhouse Volunteer.

SIGNED: _____

DATED: _____