# Thurrock Council – Library Ambassador

## How we will use your information

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to [thurrock.gov.uk/privacy](https://www.thurrock.gov.uk/privacy). Get free internet access at libraries and community hubs.

Volunteer positions available with Thurrock Council are listed at [thurrock.gov.uk/volunteering](https://www.thurrock.gov.uk/volunteering)

## Personal details

### About you

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Date of birth |  |
| Address, including postcode |  |
| Phone number – home |  |
| Phone number – mobile |  |
| Email address |  |
| Your school name |  |
| Your school’s town |  |
| Your school year group |  |
| Are you a library member? | Yes No |
| Are you happy for us to share your name and year group with other Ambassadors in your school? | Yes No |

**Parental Consent**

We require parental consent for any young person under the age of 18 years old who is participating in any voluntary activities. This section is to be completed by the parent / guardian to give consent to the activities detailed. All information provided is confidential.

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Relationship to Volunteer |  |
| Emergency phone number |  |

## Referees

If you are under 18 years-old and in full time education, we will need one reference from your school or college – please include these details below. You should contact your referees to let them know you will be using their details and that they can expect to be contacted by us.

|  |  |
| --- | --- |
| Referee's name |  |
| Address, including postcode |  |
| Phone number |  |
| Email address |  |
| Job title or position held |  |
| How long have they known you? |  |
| Referee's name |  |
| Address, including postcode |  |
| Phone number |  |
| Email address |  |
| Job title or position held |  |
| How long have they known you? |  |

**Emergency contacts**

Please give details of two people we can contact if an emergency arises whilst you are volunteering at Thurrock Council.

|  |  |
| --- | --- |
| Name |  |
| Their relationship to you |  |
| Address, including postcode |  |
| Phone number |  |
| Name |  |
| Their relationship to you |  |
| Address, including postcode |  |
| Phone number |  |

## Declaration

I confirm the information given in this application is correct to the best of my knowledge. I accept that if I give false information I will not be allowed to continue volunteering for Thurrock Council.

I understand that this information will be kept in accordance with data protection legislation. I confirm I have read and understood the terms that explain how my information may be used.

Signed:       Date:

## Where to send this form

Please email your completed form to: [volunteering@thurrock.gov.uk](mailto:volunteering@thurrock.gov.uk)

You can post your form to:

**Volunteer Programme, Thurrock Council, New Road, Grays, RM17 6SL**

## What happens next

Your application will be sent to the volunteer manager at the library. They will contact you to arrange an informal chat, and to bring identification documents. If you and the volunteer manager agree you would like to continue with the application, we will send for:

* 1 reference, using the referee details you have provided on this form
* identification documents, if not previously shown during your informal chat

You may be asked to carry out a trial volunteer session or training whilst waiting for these checks to be returned. Once complete, the volunteer manager will contact you to agree a start date and ask you to sign a volunteer agreement – you can then begin your volunteer role.

You will receive an email confirming your participation in the project along with a guide for promoting library services and a full role description. You will then receive an email every other month – in October, December, February, April and June – with details of the library service we would like you to promote to your friends, family and peers.

Your information will only be used for this project.

You are only committing to be a Library Ambassador for the current academic year. Once completed we will ask if you would like to continue in this role.

There may be other Library Ambassadors at your school. If you provide consent, we will share your name and year group with them so you can work together to plan your promotional activities.

## Equalities monitoring

Equalities monitoring helps us to understand how different sections of the community use our services. We collect this information solely for counting statistics, so we can check for inequalities and take action where it's needed. If you would rather not answer these questions, please select 'prefer not to say'.

### Gender - are you:

* female
* male
* gender neutral
* transgender
* prefer not to say
* other:

### Ethnicity - are you:

* Asian – Arab
* Asian – Bangladeshi
* Asian – Chinese
* Asian – Indian
* Asian – Pakistani
* Black – Black African
* Black – Black Caribbean
* White – White British
* White – White Irish
* Mixed – Asian and White
* Mixed – Black African and White
* Mixed – Black Caribbean and White
* Traveller – Gypsy
* Traveller – Irish Traveller
* Traveller – Romany
* prefer not to say
* other:

### Disability - if you are disabled, is your impairment:

* none
* hearing
* hidden impairment
* learning disability
* long term medical condition
* mental health
* mobility – a wheelchair user
* mobility – not a wheelchair user
* speech
* visual
* prefer not to say
* other: