



## Application for Summer Volunteer: Reading Mentor 2025

<b>Full name:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Mobile telephone number:</b>	
<b>E-mail: (please print)</b>	
<b>Please provide us with an emergency contact in case you are taken ill etc.</b>	
<b>Emergency contact name:</b>	
<b>Emergency contact number:</b>	
<b>Their relationship to you:</b>	

As our goal is to become the most inclusive library service in the country, answering the following questions will help us in making sure that we are representing all our communities well.

<b>What is your date of birth?</b>		Prefer not to say. _____
<b>How do you describe your Gender?</b>		Prefer not to say. _____
<b>How would you describe your ethnic background?</b>		Prefer not to say. _____
<b>What is your religious background?</b>		Prefer not to say. _____
<b>Do you have any disability?</b>		Prefer not to say. _____

<b>How did you hear about this volunteer opportunity?</b>
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**What attracted you to wanting to work with the Summer Reading Challenge?**

**Have you worked/volunteered with children before, if so, please give details?**

**What dates are you available to volunteer? (Anytime between 22nd July and 14th Sept 2025).  
Libraries need help at weekends and early evenings as well as weekdays, but please list only the  
dates you know you can commit to.**

**Please list the library where you would like to volunteer. If there is more than one, you can state  
your choices in order of preference. Please list only the libraries that you can travel to easily.**

<b>Library</b>	<b>Choice 1</b>	<b>Choice 2</b>	<b>Choice 3</b>
<b>Brompton Library</b> 210 Old Brompton Road, SW5 0BS			
<b>Chelsea Library</b> Chelsea Old Town Hall King's Road, SW3 5EZ			
<b>Kensington Central Library</b> 12 Phillimore Walk, W8 7RX			
<b>Kensal Library</b> 20 Golborne Road W10 5PF			
<b>Notting Hill Gate Library</b> 1 Pembridge Square W2 4EW			
<b>North Kensington Library</b> 108 Ladbroke Grove W11 1PZ			

**Do you speak any additional languages? If yes, please state:**

**Are there any special needs or medical conditions that you think we need to be aware of?**

**If you are under 18 years of age, please ask a parent or guardian to sign this form to say that they are happy for you to volunteer with us:**

I hereby give my permission for \_\_\_\_\_

To volunteer with Kensington & Chelsea Libraries. I understand their details may be held on a database during the summer and subsequently to invite them with future celebration and service development events.

Are you happy for us to keep their details to contact them with future volunteering opportunities, celebration, service improvement ideas and events after they have completed their placement?

Please tick as relevant:

Yes _____	NO _____
Parent/guardian's signature:	
Name of parent/guardian:	
Relationship to young person:	

<b>Please provide details of one referee. (If you are at school, this could be a teacher at your school.)</b>	
Name of referee	
Relationship to you	
Phone number	

<b>Declaration</b>	
I certify that, to the best of my knowledge, the information I have provided is true, and I understand that any false information may result in the termination of my volunteering arrangements with the Royal Borough of Kensington & Chelsea Libraries.	
I understand that my details may be stored in a database during the Summer Reading Challenge and will be used to invite me for future celebrations and service development events and will comply with the provisions of the Data Protection Act 2018 and associated General Data Protection Regulations (GDPR).	
Signature:	Date:

Please complete and return form:

By Email: [KCLibraryVolunteers@rbkc.gov.uk](mailto:KCLibraryVolunteers@rbkc.gov.uk) or by handing in at your local library.

**Thank you for your interest in volunteering with Kensington & Chelsea Libraries.**