

# Thurrock Council

## Thurrock Libraries Summer Reading Challenge 2025 Volunteer application form

We're really glad you want to volunteer with us! It would help if you could answer a few questions, just so we can make sure that you get what you want out of volunteering and so that we know how to contact you. **Due to high demand, unfortunately not all applications will be successful.**

**You can apply for this role any time up to Saturday 21 June 2025. Training will take place in July 2025 and volunteering will start in the summer holidays.**

### 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://thurrock.gov.uk/privacy). Get free internet access at libraries and community hubs.

### About you

First name or given name	
Last name or family name	
Address, including postcode	
Home phone	
Mobile phone	
Email address	
We will contact you by email. Remember to check your spam or junk folder in case your email provider sends messages from us there at first. If you don't have email, you could use a family member's email address, but you must ask their permission first.	
Age	
Date of birth	

### Your school

School name	
School address	

## Volunteering

Tell us about 3 skills you can offer Thurrock libraries as a volunteer	
Have you previously been a Summer Reading Challenge volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What do you like most about your library?	

In which of the following libraries would you like to volunteer? We may not be able to give you your first choice, and travel expenses are not paid, so choose libraries you can get to easily. Libraries you can choose from are:

- Aveley
- Belhus
- Blackshots
- Chadwell
- Corringham
- East Tilbury
- Grays
- Stanford-le-Hope
- Tilbury

First choice library	
Second choice library	

**We are asking volunteers to give 15 hours in total over the summer holidays.** You could volunteer for 2 hours at a time in the morning or afternoon, but it's not every day. You can also volunteer to do more hours if you want.

If you have holidays booked in the summer, please give the dates	
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Will you put your volunteering hours towards any youth award schemes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
If 'Yes', which schemes? For example, Duke of Edinburgh.	

## Referees – if you are under 16 years-old

If you are under 16 years-old, we will need **1 reference** from a teacher at your school. If you are home educated, please ask someone who knows you well but is not related to you.

Remember to ask your teacher's permission before you add their name here – a form will be sent for them to complete. We will also need consent from your parents at the end of this form.

**I confirm that the applicant is in full time education and is a suitable candidate to volunteer to work with children.**

Teacher's name	
Teacher's email address	

## Referees – if you 16 years-old or 17 years-old

If you are 16 years-old or older, we will need the details of **2 referees**. We will contact the referees to ask for references before you are offered a place.

Referees cannot be members of your own family. Please include email addresses, if possible.

### Referee 1

Full name	
Position held	
Address, including postcode	
Phone number	
Email address	
How long they have known you	

### Referee 2

Full name	
Position held	
Address, including postcode	
Phone number	
Email address	

How long they have known you	
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### Emergency contact details – required for all volunteers

Someone we can contact in an emergency if you are taken ill whilst volunteering with us.

Emergency contact name	
Emergency contact phone	

### Medical condition details – required for all volunteers

Details of medical conditions we should be know about – for example, epilepsy, asthma, severe allergies	
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### Parental consent

If you're under 16 years-old, the signature of a parent or carer is needed to say that they're happy for you to volunteer with us.

Signature	
Name of signatory	
Address of signatory	
Relationship to volunteer	
Date	

### Volunteer declaration for 16 years-olds and 17 year-olds

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 to volunteer for Thurrock Council. I understand that my details will be held on a database during the Summer Reading Challenge.

Signature	
Date	

## Submitting your completed application form

Applications must be returned **no later than Saturday 21 June 2025**, either:

- in person – at your local Thurrock library
- by email to – [library.events@thurrock.gov.uk](mailto:library.events@thurrock.gov.uk)
- by post to – Library Community Engagement Officer – Families, Children and Young People, Grays Library, Thameside Complex, Orsett Road, Grays, RM17 5DX

### Optional information

The information below is optional but completing it will help us make sure that we are providing the same volunteer opportunity to everyone. The information that you give will be kept separate from your application form and only used for reporting purposes.

#### Gender:

- I am female                       I am male                       Other

#### Ethnicity:

- White – British
- White – Irish
- Any other White background:
- Mixed ethnicity – Asian and White
- Mixed ethnicity – Black African and White
- Mixed ethnicity – Black Caribbean and White
- Mixed ethnicity – Any other mixed background:
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – any other Asian background:
- Black or Black British – African
- Black or Black British – Caribbean
- Black or Black British – any other Black background:
- Chinese
- Any other ethnic group:

#### Disability:

- I do not consider myself disabled
- I consider myself disabled – please describe your disability: