**Glasgow Women’s Library**

**Volunteer Application Form- Archive Volunteer Role**

Please complete and return to us at 23 Landressy Street, Glasgow G40 1BP or email it to us at info@womenslibrary.org.uk

Glasgow Women’s Library processes your personal data safely in accordance with the General Data Protection Regulation 2018. We use the information you provide to process your volunteer application and add you to our mailing list if requested. We do not share this information with any third parties and you can withdraw your consent at any time by getting in touch. For more information on your rights and how your data is used and stored, please visit [womenslibrary.org.uk/privacy](http://womenslibrary.org.uk/privacy)

We send out a monthly email newsletter to keep you up-to-date. If you **would like** to receive our emails, please tick the box. You can unsubscribe at any time by getting in touch.

**Personal Details – all information you give will be treated as confidential.**

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| First Name: …………………………………… Surname: ………………………………………Your pronouns (e.g. she/her, they/them): …………………………….................. |
| Address: ………………………………………………………………………………………………...……………………………………………………………………………………………………………….…………………………………………………………… Postcode: ………………………………… |
| Telephone: ……………………………………… Mobile: ……………………………………….E-mail: …………………………………………………………………………………………………… |
| How would you prefer to be contacted? Telephone □ Mobile □ Email □ Post □ Zoom □ |
| We prioritise applications from women and non-binary people who:* live in our neighbourhood (G40 postcodes), or,
* identify as having a disability, long-term or chronic health condition, sensory impairment, cognitive or learning disability or mental health condition, or
* are from an ethnic minority, or
* are aged 16-25, or
* are referred by organisations and services providing support to women and non-binary who they feel would benefit from volunteering with us.

Please tick here if this applies to you. □ |

**Please tell us why you are interested in volunteering with Glasgow Women’s Library:**

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**Skills**

**What skills and experience do you feel you can bring to this role at GWL?**

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**Employment or voluntary work**

Please tell us about any **jobs or voluntary work** you have done or are doing either in the **UK or another country**, and what kind of work you were doing.

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**What do you hope to gain from volunteering with GWL?**

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**How often can you volunteer?**

Please tell us when and what times you are available to volunteer, how many hours a week, and if you have any commitments, e.g. caring, attending a course, working.

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**How can we make it easier for you to volunteer with GWL?**

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**Please list any medical conditions or accessibility needs you feel we should know about.**

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**Have you heard of GWL or been to any of our learning activities, events, walks or workshops?**

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**Your Signature:** ………………………………………………………… **Date:** ……………………..

*Thank you for your interest in volunteering with GWL*