Maindee Unlimited is a Charitable Incorporated Organisation formed in October 2014, to promote the benefit of public regeneration in areas of Newport, specifically Maindee.

In 2015 when Newport City Council closed the library, Maindee Unlimited agreed to take on the responsibility of the library in order to continue to provide a library alongside a meeting and event space for the local community.

The charity reopened the library on 31st October 2015 as Maindee Library+ and is run by volunteers.

**Volunteer Information**

| Name: | Preferred method of contact: ***phone / mobile / email\**** |
| --- | --- |
| Phone: | Address:  Post Code: |
| Mobile Tel: |
| Email: |

\***please circle, or delete, as appropriate**

***(Your details will be held on our volunteer’s database for the purpose of contacting you regarding volunteering).***

*May we use your email to contact you about any other library news i.e events/course etc?*  **Yes/No**

Your Interests and any relevant experience:

Is there a particular area that you are interested in? **I am part of the FAM group and will be supporting the Maindee Community Pantry**

**Days you are available?** *(Please tick)*

|  | **Mon** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

**Are you able to collect food from our food share operators? Yes/No**

**What days and times would be able to collect? (***we will have more details on this once we are operating)*

|  | **Mon** | **Wed** | **Thu** | **Fri** | **Sat** |
| --- | --- | --- | --- | --- | --- |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

**Health and Safety**

Do you have a disability or a health issue which you would like us to take into account? (If yes, please give details below) **Yes / No**

**Please provide us with an emergency contact name and number\*** for someone we can get in touch with, in case of an unlikely emergency when you are on-site at the Library.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:**   **Date:**

*(If you are sending this form by email, please type your name in the signature field)*

**\*This will be treated confidentially, and will be stored securely, and the emergency contact will only be contacted for that purpose.**

**Thank you for filling out this application. Please return:** by email to: admin@maindee.org or to the library: The Welcome Volunteers, Llyfrgell Maindee Library, 79 Chepstow Road, Newport, NP19 8BY [***www.maindee.org***](http://www.maindee.org)



*Office Use:*

*Date form Rec’d ……./…..…./…..…. Date Welcome Team contacted applicant : …..…./…..…./..…….*

***Induction Day:***

*Date …..…./..……/…..….. Time: …………………… Seeing: ………………………………………..………………………*

***Notes:***

***Form Passed to Admin:*** *Date………/………/………* ***Entered on Database:*** *Date………/………/………*

***Contact details given to Rota Co-ordinator:*** *Date: ………/………/………*