



I wish to be considered as an unpaid volunteer of the above Museum.

Note: Data provided here will be held and used solely by and for the management of the Museum. Personal data will not be shared outside the museum and will be deleted when no longer required.

PERSONAL DATA

Surname..... Title.....

Forenames.....

Address.....

.....

..... **Post Code**

Date of Birth Nationality

Name of your Next of Kin Relationship

Address

.....

..... **Telephone No(s)**

COMMUNICATIONS

Telephone (Landline): Mobile:

E-Mail:

OTHER PERSONAL INFORMATION

Employed Retired Do you have a criminal record? Yes No

Previous Employment:

Government or Armed Service? Service No.

Other information, experience, skills etc. (attach CV or notes if you prefer):

Type of work you would consider:

Guide/Security <input type="checkbox"/>	Shop/Reception ** <input type="checkbox"/>	Education <input type="checkbox"/>
Aircraft Engrg. <input type="checkbox"/>	Maintenance/DIY <input type="checkbox"/>	Garden Maint'nce <input type="checkbox"/>
Curatorial Tasks <input type="checkbox"/>	Conservation <input type="checkbox"/>	Library/Research <input type="checkbox"/>
Oral History <input type="checkbox"/>	Author/Publications <input type="checkbox"/>	Archivist <input type="checkbox"/>
Administration <input type="checkbox"/>	Marketing <input type="checkbox"/>	Advertising <input type="checkbox"/>

**** Non-shop staff can also be trained to work occasionally in the shop if you wish**

Indicate day/s available for interview: -

Mon **Tues** **Wed** **Thurs** **Fri**

Indicate any/all the days you are prepared to attend on a regular weekly basis: -

Mon **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Note! Weekday volunteers are required to attend one weekend day each month in which case please indicate preferred weekend days: **Sat** **Sun**

Indicate other days you would be prepared to attend on a casual basis if available: -

Mon **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Note:- If offered a position, you will be required to work a probationary period of 3 months for assessment.

Signing this form gives consent for the museum to hold/use your data as described.

Signature of Applicant: -Date:-.....

For official use only:

Interviewed on: / / by (minimum one Manager and one Trustee) :

.....

Start date: / / Normal duty day(s):

Date if electronic record pre-entered: / / Signed:

Date to admin for full electronic record: / / Date entered:

Date paperwork filed: / / Signed:

Minors under the age of 18 years must obtain the permission of their parents or guardian in order to assist in the Museum. The signature of a parent or guardian is required to absolve the Museum of all responsibility in respect of minors assisting in the Museum.

Parent:

Minor:

The completed form is to be returned to the Museum for the attention of the Museum Secretary.