

Volunteer Application Form

Personal Details					
Title		First Name/s			
Last Name					
Address					
Postcode					
Daytime Phone No.					
Mobile:					
Email					
Employment					
Please tick the correct box. Are you currently:					
Employed (full-time)	Employed (part-time)	Unemployed	Retired	Student (full-time)	Student (part-time)
Access Requirements and Health Conditions					
If you have any access requirements or health conditions (eg. allergies, medication, etc.) that it would be helpful for us to know about, please tell us below. All information is strictly confidential. We can contact you in confidence to discuss your requirements, please let us know below if you would prefer this.					
Emergency Contact details					
Please provide the details of someone we can contact in the event of an accident or emergency whilst you are volunteering. All details are strictly confidential.					
Name					
Relationship to you					
Daytime Phone Number					
Mobile Phone Number					
About You					
Area of Volunteer Interest (Please tick all that apply)	Visitor Services	Community Learning and Engagement	Collections Centre		

Please tell us about your skills, qualifications and experience that would be useful and relevant to volunteering at Weymouth Museum.

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Why would you like to volunteer at Weymouth Museum?

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What skills or knowledge would you like to develop or what would you like to achieve through volunteering at Weymouth Museum?

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If you have any unspent criminal convictions, please detail them below. All information is strictly confidential. Applications will be accepted for applicants where offences that are not relevant to, and do not place them at, or make them a risk in, the role for which they are applying. However, failure to disclose all 'unspent' convictions could result in disciplinary proceedings or dismissal.

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Availability- Please tick the boxes to show your availability to volunteer.

	am	pm	evening		am	pm	evening
Monday				Friday			
Tuesday				Saturday			
Wednesday				Sunday			
Thursday				Any days			

References

Please provide the details of 2 people (not related to you) who we can contact about your application and suitability to volunteer at Weymouth Museum.

Title	First Name	Last name	Title:	First Name:	Surname:

Address	Address

Email (preferred)	Email (preferred)

Telephone	Telephone

Relationship to you	Relationship to you

Thank you for your interest in volunteering at Weymouth Museum. Please sign and date the form and return it to the address or email below. We will be in touch with you as soon as we can.

Signed	Date

How did you hear about volunteering with us?

Please return your completed form to: Weymouth Museum Chair, c/oWeymouth Town Council, Council Offices, Commercial Rd, Weymouth DT4 8NG or email weymouthmuseumchair@btinternet.com