

Volunteer Application Form

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| **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.** | | | | | | | | | | | | |
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| **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 Cen** | | **tre** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **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, Com**[**mercial Rd, Weymouth DT4 8NG**](mailto:volunteering@shirehalldorset.org) **or email** [**weymouthmuseumchair@btinternet.com**](mailto:weymouthmuseumchair@btinternet.com) | | | | | | | | | | | | | | | |

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