

Please print this form, fill it in and return it to the Museum.

# VOLUNTEER APPLICATION FORM

## 1. APPLICANT DETAILS

<b>Title:</b>		<b>Home Address:</b>
<b>First Name:</b>		
<b>Surname:</b>		
<b>Daytime tel:</b>		
<b>Mobile tel:</b>		
<b>Email:</b>		

<b>Do you have the right to work in the UK?</b> Please note: if you do not have the right to work in the UK you run the risk of deportation by volunteering.	
<b>Do you have any unspent criminal convictions or is there any action pending against you?</b> This will not necessarily prevent you from volunteering- each case is dealt with on its own merits.	
<b>Do you have a disability or specific need for which special arrangements of adjustments are needed for the role or the interview?</b> All information is strictly confidential. If yes, we may contact you in confidence to discuss your requirements.	

**Employment.** Please place a cross in the relevant boxes. Are you currently?

Employment (full-time)	Employment (part-time)	Unemployed	Retired	Student (full-time)	Student (part-time)

**References.** Please provide contact details of two people (not related to you) who we can contact to comment on your character and ability to carry out this role.

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>		
<b>Tel:</b>		
<b>Email:</b>		
<b>Relationship to you:</b>		

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>		
<b>Tel:</b>		
<b>Email:</b>		
<b>Relationship to you:</b>		

**Emergency contact details.** Please provide the details of someone we can contact in the unlikely event of accident or illness while you are volunteering; these details will not be passed on to any third party and will be kept securely with your information.

<b>Name:</b>	
<b>Relationship to you:</b>	
<b>Daytime phone no:</b>	
<b>Mobile phone no:</b>	

I declare that the information I have given is, to the best of my knowledge and belief, true and complete.

Signed:
---------

Date:
-------

**Data protection:** The information that you have provided is required to administer your interest in volunteering with Thirsk Museum Society. It will be held securely on the Thirsk Museum Society volunteer database and in line with the requirements of the Data Protection Act 1998.

## 2. Area of interest and relevant qualifications/skills

Please list any skills and abilities, hobbies you have in any of the areas below. Include information even if you think it may not be relevant (you never know what might be useful):

Area of skill or ability	Details
Formal qualifications	
Languages	
Business/administration	
Computer skills	
First aid	
Cash handling	
Public speaking/Events	
Hospitality	
Marketing	
Trades/Gardening/Environment	
Teaching	
Libraries/Research	
The arts	
Museums/Tourism	

### 3. COMMITMENT

Please indicate in the box below the areas you would be interested to work in. Tick as many boxes as you wish.

Area of interest	Tick as many areas as you are interested in
<b>Steward.</b> Greeting the public and answering their queries, etc.	
<b>Collection.</b> Cleaning, storage, displaying, labelling etc.	
<b>Administration.</b> Collating, recording, updating and much more.	
<b>Maintenance.</b> Minor maintenance tasks around the building, picture hanging, assistance with displays etc.	
<b>I would be able to start from:</b>	
<b>I am available on the days as indicated:</b>	

### 4. ADDITIONAL INFORMATION

Please give details of any disabilities, medical conditions or allergies that we should be aware of: (Please Note: Any information given in response to this question will be strictly confidential)

---



---



---

### 5. INSURANCE

All Thirsk Museum Society volunteers are covered by a Certificate of Employers Liability Policy with Catlin Insurance Company should you be injured while carrying out duties associated with your volunteer service.

### 6. CERTIFICATION

The information provided on this form is true to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: Your contact details will not be passed to any third parties and will only be used for communicating information relevant to your volunteer position.

OFFICE USE ONLY	
Secretary Recommended: Yes    No Signature: _____ Date: _____	Chairperson Recommended: Yes    No Signature: _____ Date: _____