

# VOLUNTEER APPLICATION FORM

The information given on this form will be treated as confidential but may be stored on a computer database by the Museum. Under the 1998 Data Protection Act, you are entitled to request a copy of this information.



78 High Street  
Haslemere  
Surrey, GU27 2LA  
Tel: 01428 642112  
Fax: 01428 645234  
www.haslemereuseum.co.uk  
enquiries@haslemereuseum.co.uk

## YOUR DETAILS

**(PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS)**

<b>Title:</b>	
<b>First name:</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
	<b>Postcode:</b>
<b>Telephone:</b>	<b>Email:</b>

## INTERESTS/EXPERIENCE/SKILLS

Please tell us why you are interested in volunteering at Haslemere Museum and give us a brief description of any relevant skills or experience

## VOLUNTEER OPPORTUNITIES

Please tell us which areas of the Museum you are interested in volunteering (tick as many as applicable)

- |  |                                      |                                    |
|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Administration  | <input type="checkbox"/> Collections | <input type="checkbox"/> Education |
| <input type="checkbox"/> Events          | <input type="checkbox"/> Exhibitions | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Library/Archive | <input type="checkbox"/> Reception   | <input type="checkbox"/> Shop      |

**AVAILABILITY**

Please tick as appropriate

	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday (shop and desk only)	<input type="checkbox"/>	<input type="checkbox"/>

What level of commitment do you think you will be able to make on a regular basis?

Weekly  Fortnightly  Monthly  Other (please specify) .....

Are you interested in a short-term placement? Yes  No

**REFERENCES**

Please give the name and address of a person who would be willing to provide a reference for you (not a family member)

<b>Name:</b>			
<b>Address:</b>			
	<b>Postcode:</b>		
<b>Telephone:</b>	<b>Relationship:</b>		

Please tick if you are happy to receive direct mailing from Haslemere Museum.

**DECLARATION**

I declare that:

- I have no previous criminal convictions and I have no pending court cases.
- I know of no reason why I should not work with children, young people or vulnerable adults.
- The information I have given on this application is correct to the best of my knowledge.

<b>Signed:</b>	<b>Date:</b>
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Please fill in and return to: **Haslemere Educational Museum, 78 High Street, Haslemere, Surrey GU27 2LA**