Carisbrooke Castle Museum

Volunteer Application Form

Please complete clearly in block capitals.

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| --- |
| Name: |
| Address:Postcode: |
| Home telephone: | Mobile telephone: |
| Email address: |

How did you learn about volunteering for Carisbrooke Castle Museum?

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Please give details of days when you would be able to carry out volunteer duties:

Monday: AM 🞏 PM 🞏 Thursday: AM 🞏 PM 🞏

Tuesday: AM 🞏 PM 🞏 Friday: AM 🞏 PM 🞏

Wednesday: AM 🞏 PM 🞏

Other (please specify):

Please indicate the areas of volunteering you are interested in (see separate role profiles):

Visitor welcome 🞏 Talks and special events 🞏

Museum collection 🞏 Outreach service 🞏

Museum maintenance 🞏

Other (please specify):

|  |
| --- |
| Previous ExperiencePlease give details of any previous experience (work, education, volunteer experience), which you may feel is relevant to the voluntary position you are interested in: |
| Further informationPlease use this space to provide a brief statement as to why you want to be a volunteer with us: |

|  |
| --- |
| Medical and Accessibility informationPlease tell us about any medical conditions or disabilities which may affect your volunteering. Let us know about any adaptations or accessibility requirements to help us support your volunteering: |

Emergency Contact Details

|  |
| --- |
| Name: |
| Telephone: | Mobile Telephone: |
| Relationship: |

Referees

You may be asked to supply up to two references.

Please sign below to confirm that the information supplied above is accurate to the best of your knowledge.

Signed: Date:

Privacy Notice

We will use your personal information to contact you about your volunteering role, to help support you in this role and to keep you up to date with news from the organisation. We will hold your information securely and never pass it on to anyone outside of the organisation without your permission.