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***Volunteer***

***Application Form***

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| **1: Which volunteer position are you applying for?** |
| Steward Collections Assistant Education RetailAdmin Other |

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| --- |
| **2: Your contact details** |
| Title: | Forename/s: | Surname: |
| Address:Post Code: | Tel No : |
| Mobile: |
| Email: |

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| **3: Why would you like to volunteer at Crawley Museum?** |
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| **4: What skills, qualifications or previous experience do you have that would be relevant to the volunteer role you are applying for?** |
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| **5: Your availability**  | **A.M.** | **P.M.** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |
|  |
| Are you willing to be a reserve Steward? If so, we recognise this will be due to your own availability on an ad hoc basis.YES □ NO □ |
| Are there any regular days that you would definitely be unavailable to work? |

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| **6: Do you have a current UK Driving Licence / access to a vehicle?**YES □ NO □ |

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| **7: Disclosure & Barring Service (DBS) Check** (formerly CRB – Criminal Records Bureau) |
| Please note for some roles we may need to carry out a DBS check. |
| Would you be happy to be DBS checked?YES □ NO □ |

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| **8: Disability** |
| The Disability Discrimination Act 1995 states that ‘a person has a disability for the purposes of this Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities.’ |
| Do you feel that any adjustments or special equipment will be required to enable you to perform tasks in the post applied for?YES □ NO □ |
| If yes, please specify: |

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| **9: Reference**Please provide us with details of one person who would be happy to provide you with a reference. |  |
| Title: | Forename: | Surname: |
| Address:Post code: | Tel No. |
| Mobile : |
| Email : |
| Is this a personal or professional reference? |

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| **10. How did you hear about us?** |
| Website Google or other search Word of MouthPress Advertisement Social Media |

|  |  |
| --- | --- |
| **Signature of Applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date** |

Thank you for taking the time to complete this application form.

**Please return the forms (Application, Medical & Data Protection) to** **office@crawleymuseums.org**

**or Crawley Museum, The Tree, 103 High Street, Crawley RH10 1DD**

**Tel. 01293 539088**

We will be in touch with you shortly.

|  |  |
| --- | --- |
| FOR OFFICE USE ONLY |  |
|  | Date | By Whom |
| App Form received |  |  |
| Ref. Requested |  |  |
| Ref. Received |  |  |
| Confirmation Letter sent |  |  |

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*Volunteer’s Medical & Emergency*

*Contact Details*

|  |  |
| --- | --- |
| Your Name |  |
| Home AddressPost Code |  |
| Home Tel. No. |  |
| Mobile Tel.No. |  |

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| --- |
| **Please state any medical details which we should be aware of in the event of an emergency, e.g. Diabetes, Epilepsy** |
|  |

|  |  |
| --- | --- |
| Name of Person to Contact in an emergency |  |
| Address |  |
| Daytime Tel. No. |  |
| Mobile Tel. No. |  |
| Relationship of this person to you. |  |

**This information will be treated as confidential.**

**Please inform the office (****office@crawleymuseums.org****) of any changes to these details.**



**VOLUNTEER**

**General Data Protection Regulation – Consent Compliance**

Crawley Museum Society would like to keep your contact information/personal details on record. This information will be seen and used only by the appropriate officers of CMS. This personal information will not be shared with third parties.

From time to time we will contact you regarding CMS activities.

You have the right to withdraw consent at any time, or if you wish, to stop receiving communications from Crawley Museum Society. This should be done in writing to the Secretary, Crawley Museum Society, The Tree, 103 High Street, Crawley RH10 1DD

I give my consent to Crawley Museum Society keeping on record my personal details, as indicated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)