



Trustee Application Form

Thank you for your interest in the position of Trustee with the Combe Down Stone Legacy Trust. Please complete the Application Form below and return it to the museum. If you require this form in Large Print, or another format, please let us know.

Your details

First name:

Last name:

The name you would like to be known by, if different from above:

Address Line 1:

Address Line 2:

Town/City: County:

Postcode:

Contact details

Telephone number: Mobile number:

Email address:

Please tick here to confirm we may contact you by: Email Phone Post

Availability

Please tick all that apply:

| | | | | |
|-----------|----------------------------------|------------------------------------|----------------------------------|---|
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> All day |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> All day |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> All day |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> All day |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> All day |
| Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> All day |
| Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> All day |



Areas of interest

Please select the area(s) of the museum you wish to apply your knowledge and expertise to as a Museum Trustee (tick all that apply):

- | | | | |
|---|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Collections | <input type="checkbox"/> Education | <input type="checkbox"/> Events |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Marketing | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Projects | <input type="checkbox"/> Outreach | <input type="checkbox"/> Research | <input type="checkbox"/> Stewarding |

Depending upon the nature of the Trustee role, we may be required to perform a Disclosure and Barring Service (DBS) check and will inform you if this is the case. We will not perform a DBS check without your consent. If you have any concerns, please speak with us. Any discussion(s) will remain entirely confidential and any unspent convictions may not necessarily prevent you from volunteering your time to the museum.

A little more about you...

We would love to know the motivation behind your Trustee application. This helps us recruit like-minded individuals, as well as helping us to ensure the time you commit to our charity is rewarding and fulfilling. In a few words, please tell us why you wish to apply for the role of Trustee with the Combe Down Stone Legacy Trust:

We would also like to know of the skills, knowledge and experience you have, that will be relevant to our organisation. This could be something obvious like *knowledge of the local area, voluntary experience with another organisation, or professional experience in education, marketing, fundraising, or collections etc.* Please outline any relevant previous experience in the space provided below:

In addition, we are keen to learn of any interests, hobbies, and passions you have, which you may be happy to share with us or bring to the museum. This may for instance include, *woodworking, connections to local groups, touch-typing or photography skills.* These are just examples. Please use the box below to outline any additional interests you would like us to know about and consider for project work:



References

Please provide the details of two individuals who have agreed to provide a reference:

Reference 1:

Full name:

Address Line 1:

Address Line 2:

Town/City: County:

Postcode:

Telephone number:

Email address:

Reference 2:

Full name:

Address Line 1:

Address Line 2:

Town/City: County:

Postcode:

Telephone number:

Email address:



Emergency details

Primary Emergency Contact:

Name:

Relationship to you:

Telephone number:

Alternative number:

Secondary Emergency Contact:

Name:

Relationship to you:

Telephone number:

Alternative number:

Important: The information disclosed in this section will remain entirely confidential and will only be passed confidentially to ancillary personnel in the event of an emergency

Please detail in the box below any information you would wish an emergency care provider to know such as any medical conditions, allergies, or regular use of medication:

Please ensure each of the details you have provided are correct, and that you notify us of any changes to your personal information during your term of your role. These forms will be stored securely and in accordance with the 2018 Data Protection Act. Please sign and date the boxes below and send/bring this form to the museum to confirm your Trustee Application. Thank you very much for your interest in volunteering your time to the museum, we will be in touch with you shortly.

Print name:

Signed:

Date:



Please **only** complete the next section once you have received your induction:

| | Trustee Signature | Manager Signature |
|--|----------------------|----------------------|
| I confirm I have received a Museum of Bath Stone Volunteer Induction | | |
| I confirm I have read, understood, and agreed to comply with the museum's Trustee Role Description | | |
| I confirm I have read, understood, and agreed to comply with the museum's Trustee Code of Conduct | | |
| I confirm I have read, understood, and agreed to comply with the museum's Conflict of Interests Policy | | |
| I confirm I have read and understood the museum's Health & Safety Policy | | |
| I confirm I have read and understood the museum's Fire Evacuation Procedure | | |