



## Volunteer Application Form

Thank you for your interest in volunteering with the Museum of Bath Stone. Please complete the Application Form below and return to the museum. If you or another individual requires 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"/> <b>All day</b>
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> <b>All day</b>
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> <b>All day</b>
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> <b>All day</b>
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> <b>All day</b>
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> <b>All day</b>
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> <b>All day</b>



### Areas of interest

Please select the areas of interest from the following (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 volunteer 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 with the museum.

### A little more about you...

We would love to know the motivation behind your volunteer application. This helps us recruit like-minded individuals, as well as helping us to ensure you get the most from your placement. In a few words, please tell us why you are applying to volunteer with the Museum of Bath Stone:

We would also like to know the skills, knowledge and experience you have, which may 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:



### 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 placement. These forms will be stored securely and in accordance with the 2018 Data Protection Act. Please sign and date the boxes below and bring this form to the museum to confirm your Volunteer Application. Thank you very much for your interest in volunteering with 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:

	Volunteer Signature	Manager Signature
I confirm I have received a Museum of Bath Stone Induction		
I confirm I have received a Volunteer Role Description		
I confirm I have read and understood the museum's Volunteer Policy		
I confirm I have read and understood the museum's Volunteer Agreement		
I confirm I have read and understood the museum's Health & Safety Policy		