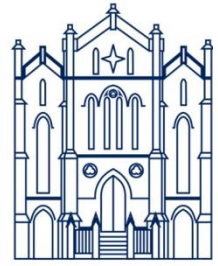




# Bailiffgate

MUSEUM GALLERY



## Application to volunteer at Bailiffgate Museum

<b>Full name</b>							
<b>Home address</b>	Postcode:				Phone no:		
					Mobile:		
<b>Email address</b>							
<b>Next of kin</b> ( to be used in case of emergency only)	Name Address Phone no:						
<b>My age range</b> (please circle)	16-18	19-25	26-35	36-44	46-55	56-65	66+
<b>Current /previous voluntary work</b>							
<b>Spare time interests</b>							

<b>Special skills</b>				
<b>Health</b> (please circle)	My health is good		My health is fine but I have a disability which I will discuss with you	
<b>I would like to help the museum by volunteering for</b> ( Please circle all areas in which you have an interest)	Front of house Maintenance Collections	Exhibitions Events Bid writing	Marketing Research Fundraising	Education Finance ICT
<b>Please circle</b>	I have an EU passport		I am from outside the EU	
Please tell us where you heard about volunteering at Bailiffgate Museum				
All information given here will be treated confidentially and not disclosed to any third party.				
<b>Signature</b>	<b>Date</b>		If you would like to add any extra information please do so on a separate sheet of paper.	

Please supply details of two individuals, not members of your family, who will be able to supply a character reference. Preferably one of them will be an employer or former employer or a school tutor. Please indicate whether they are aware that they may be contacted by the museum.

Name	Name
Address	Address
Email	Email
Phone	Phone
Has agreed to supply reference Yes- No	Has agreed to supply reference Yes- No