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|  | ***Volunteer******Application Form*** |
|  |
| **TITLE:**  |  |
| SURNAME:  |  | **FORENAME(S)****:**  |  |
| ADDRESS FOR CORRESPONDENCE: |  | HOME TELEPHONE: |  |
| **MOBILE TELEPHONE** |  |
| POSTCODE:  |  | E-MAIL ADDRESS: |  |
| Employment History |
| PRESENT OR MOST RECENT EMPLOYMENT |
| Name & address of employer: |  |
| Job title and summary of main duties: |  |
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| **If appropriate, please mention anything that you feel may be relevant for us to know so we can support you to the best of our abilities.** |
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| Please tick which roles or areas of work you would be interested in | Desk Volunteer Co-Ordinator | 🞏 | Desk Volunteer | 🞏 |
| Senior Volunteer Duty Management | 🞏 | Digitisation Project | 🞏 |
| General Museum work experience | 🞏 |  |
| Please let us know why you would like to volunteer with us: |  |
| Please list any hobbies, previous experience or special skills you feel may be relevant to volunteering with us: |  |
| Please indicate which days you would be available for volunteering: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| Have you ever been subject to any disciplinary action by your employer or professional body? | Yes/No |
| Give details of two people who have knowledge of you in a working / educational environment, paid or unpaid. The first reference should be your present or most recent employer. If you are a student give appropriate school or college referees. Ideally references must cover a consecutive five year period**.**  |
| **1st Referee:**  | **2nd Referee:** |
| **Name:** |  | **Name:** |  |
| **Position:** |  | **Position:** |  |
| **Address:** |  | **Address:** |  |
| **E-mail address:** |  | **E-mail address:** |  |
| **Tel:** |  | **Tel:** |  |
| In what capacity does the above know you? | In what capacity does the above know you? |
|  |  |
|  |  |
| The Museum of Richmond aims to promote equality of opportunity for all with the right mix of talent, skills and potential. Criminal records will be taken into account for volunteering purposes only when the conviction is relevant. Having an ‘unspent’ conviction will not necessarily bar you from volunteering. This will depend on the circumstances and background to your offence(s). Please tick as appropriate:I do **not** have any criminal convictions held against me [ ] I **do** have criminal offences or prosecutions pending against me [ ] If you do have criminal offences held against you, you will be required to provide written details of any convictions, cautions, bind-overs or prosecutions pending should you be selected for interview. Please bring these with you to your interview.  |
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| The Museum processes data relating to applicants for volunteering purposes to assist in the recruitment process. This includes facilitation of safer recruitment as part of our safeguarding obligations towards young people. The data the Museum collects and the basis for using the data is set out in the Museum of Richmond’s Privacy Notice on the Museum website. The Museum will obtain your consent to hold, process and share your personal data in relation to the recruitment process. |
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| I understand that the data I supply on this form will be processed in accordance with the Museum of Richmond’s Privacy Notice and in accordance with the Data Protection Act 1998. The information supplied by me will be subject to verification and the Museum may contact people and /or organisations to confirm some of the facts contained in my application, e.g. referees, previous employers etc. I hereby give consent for the Museum of Richmond to process and retain on file information contained on this form and in accompanying documents for a period of twelve months (or transferred to my personnel file in the event that my application is successful).By signing my consent I authorise the Museum of Richmond to verify any information that I have given with third parties, including referees, and I authorise then to disclose my personal information to you. |
| **Signed:** |  | **Date:** |  |
| I declare that, to the best of my knowledge, the information in this application is true and correct. |
| **Signed:** |  | **Date:** |  |
| Please return the completed form in an envelope marked ‘Volunteers Applications’ to:Museum of Richmond, Second Floor, Old Town Hall, Whittaker Avenue, TW9 1TPOr to info@museumofrichmond.com |