



Volunteer enquiry form

Thank you for your enquiry about volunteering at Malton Museum.

Title:Name:

Address:

Postcode:D.O.B:

Telephone No: Mobile Telephone No:

E-mail:

There are a number of different volunteer roles available, please indicate which role(s) you are interested in:-

- Front of House
- Collections
- Learning team
- Project specific .i.e. oral history, researcher, artist/designer
- IT Support. i.e. newsletter, social media
- Town Tour Guide

Full induction and training will be provided for all roles.

Please provide an indication of your availability.

Where did you hear about volunteering at Malton Museum?

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Please tell us a little bit about yourself including any skills, experience, hobbies or other interests you have and why you are interested in volunteering at Malton Museum

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References

In order to follow up your application, we require at least two people willing to provide us with references for you. Preferably including someone who you have volunteered or worked with recently. These references will be kept confidential.

Name: Relationship to you:

Address:.....

Tel No:Email address:

Name: Relationship to you:

Address:.....

Tel No:Email address:

Health and Safety Requirements

Please give any details of any medical conditions that may require special attention so that we can take all the reasonable care to ensure your safety whilst working as a volunteer. This information will allow us to act quickly and properly in case of an emergency.

If you have any disabilities, please specify any provisions we need to accommodate.

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Criminal convictions

Volunteers sometimes work with vulnerable people. Malton Museum has a responsibility to safeguard interests of both. We may require a DBS (Disclosure and Barring Service) check to be undertaken. Would you be willing to undertake a DBS.

Yes No

Declaration

I declare that the information I have given is true and to the best of my knowledge.

Signed:

Date:

What happens next?

Upon receiving your enquiry form, we will ask you to come and meet us. After the meeting, we will be in contact and if successful, a suitable start date will be confirmed.

Please return this form to:

Malton Museum, Subscription Rooms, 36 Yorkersgate, Malton, YO17 7AB

Tel: 01653 691262 www.maltonmuseum.co.uk

Malton Museum CIO Registered Charity Number 1176471

