Thank you for your enquiry about volunteering at Malton Museum.

**Museum Administrator Volunteer Form**

Title: ……………Name: ……………………………………………………………….……………………

Address: ………………………………………..……………………………………………………………

Postcode: …..…………………………D.O.B: …………………………………………………………….

Telephone No: ……………………..…………… Mobile Telephone No: ……………………………….

E-mail: ………………..……………………………………………………………………………………….

Where did you hear about volunteering at Malton Museum?

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Please provide an indication of your availability.

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Please tell us a little bit about yourself including any skills, experience or interests that are relevant to the Museum Administrator position.

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Why you are interested in volunteering as the Museum Administrator 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

**CV**

Please include a copy of your CV with the completed form.

**Declaration**

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

Signed: ………………………………………………………………………………………………………….

Date: …………………………………………………………………………………………………………….

**Returning Form**

Please return your form and CV by post or by email.

**By Post**

Re: Museum Administrator

Kim Davies,

Malton Museum,

The Subscriptions Rooms,

Yorkersgate,

Malton,

YO17 7AB

**By Email**

enquiries.maltonmuseum@gmail.com