

VOLUNTEER APPLICATION FORM-THE GARDEN MUSEUM

Please complete in Block capitals and Blue/Black ink..

Return completed forms to Clare Hilton, The Garden Museum, Lambeth Palace Road, SE1 7LB

clare@gardenmuseum.org.uk

YOUR DETAILS

Name: _____

Address: _____

Postcode: _____

Telephone Number _____ Email address: _____

ABOUT YOU

Which area of the museum would you be interested in volunteering in?

- Garden Education Tour Guiding
 Front Desk/Shop Office Events

On which days and how frequently would you be able to volunteer at the Garden Museum? Please tick the relevant boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
All Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly		<input type="checkbox"/> Other (Please Specify) _____				

Do you have any skills or previous experience you feel you could bring to the Garden Museum?

Please list any training or qualifications that you feel may be relevant to volunteering at the garden museum. For instance, gardening course, first aid training.

REFEREE

Please give details of a person (not a family member) who we can obtain a character reference from

Name: _____ Relationship to you _____

Address: _____

Postcode: _____

Telephone Number _____ Email address: _____

Thank you for taking time to fill out this application form.

Signature: _____ Date: _____

EQUAL OPPORTUNITIES MONITORING FORM

To ensure that the museum continues to develop its equal opportunities policy please answer the following questions. Any information given is completely confidential and will be used for monitoring purposes only. The information given does not constitute part of the application procedure.

Gender: _____

Marital Status: _____

Nationality: _____

Age:

16-25

26-35

36-45

46-55

56-65

66-75

76-85

86+

Do you consider yourself to have a disability?

yes

No

How did you hear about this volunteering opportunity?
