



**DORSET
COUNTY
MUSEUM**

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the museum.
Please be assured that all the details you provide will be held confidentially by the museum.

Dorset County Museum is committed to an Equal Opportunities Policy and welcomes applications from all people regardless of age, creed, gender, race, disability or background.

Personal Contact Details

First name:	
Surname:	
Address:	
Home phone number:	
Mobile number:	
Email address:	

About You

Please tell us about yourself. Do you have any skills, talents, academic qualifications or experience that might be helpful, or any hobbies or interests you feel might be relevant? Please include details of any previous volunteering you may have done.

Age

Please note that volunteers must be aged 18 or over to work in the museum.

Are you aged 18 or over? *(please select as appropriate)* Yes No

The following question is optional but a response will help us to form a profile of our volunteers.

Which age group are you in? *(please select one box)*

- 18 – 25 41 – 60 71 – 80 Prefer not to say
 26 – 40 61 – 70 over 80

Volunteering

Below is a list of areas where you might be able to volunteer. Please select all that appeal to you. Please note:

- Some areas may not currently have vacancies due to space restrictions. The volunteer section of our website carries current details.
- Volunteering in some areas may be restricted to certain days of the week.
- Some previous experience may be valuable in some areas.
- A DBS check will be required if your volunteering will bring you into contact with children or vulnerable adults.

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Library |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Archiving (database) | <input type="checkbox"/> Natural History |
| <input type="checkbox"/> Art | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Digitisation (photographs) | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Education | <input type="checkbox"/> Stewarding |
| <input type="checkbox"/> Front of House/Shop | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Geology | <input type="checkbox"/> Tea Room |
| <input type="checkbox"/> Any other area not listed above <i>(please specify)</i> : | |

Special Requirements

Do you have any allergies or medical conditions that we should know about? If yes, please give details:

Please advise us if, and where, you carry any drug or medical aid to assist in dealing with any emergency, eg diabetic or asthma attack:

Emergency Contact Details

Please give details of two people who could be contacted in the event of an accident or illness:

Name of friend/relative:	Tel no:
Name of friend/relative:	Tel no:

How you heard about volunteering

How did you hear about volunteering opportunities at the museum?

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References

Please give details of two character referees. These people should have known you well for at least a year and must not be related to you in any way. Please make sure they know we will be contacting them.

Name of referee 1:
Address:
Telephone number:
Email address:

Name of referee 2:
Address:
Telephone number:
Email address:

Please note that references will always be taken up.

Declaration

I declare that the information given on this form is true to the best of my knowledge.

Signed: _____

Date: _____

Thank you for completing this form.

Please send the completed form either by email to: volunteering@dorsetcountymusen.org
or by mail to: Volunteer Co-ordinator, Dorset County Museum, High West St, Dorchester DT1 1XA.