

RAYLEIGH TOWN MUSEUM

VOLUNTEER APPLICATION FORM

Name					D.O.B.					
Home Telephone					Mobile					
Address										
E mail address										
Your skills are valued by us – do you have any qualifications, experience or interests that you feel will be of particular help to										
this Museum?										
Is there any other important information you wish to share (e.g. Health issues or disabilities)?										
There are all kinds of roles that volunteers can get involved with within the Rayleigh Town Museum –										
Please indicate below your preferred interests										
Steward		Re	esearch		Cataloguing			Other		
The Museum is open to the public Wednesdays, Fridays, Saturdays and Sundays (10.00am to 4.00pm)										
	Please indicate your preferred choice of session times in the Museum (Tick Box / Boxes)									
Wednesday Wednesd		esday	r Friday Friday		Saturday		Saturday	Sunday	Sunday	
AM	PM		AM	PM	PM AM		PM	AM	PM	
Please provide details of someone we can ask for a reference.										
Name										
Contact Details										
Is there anything else you would like to know about this Museum? Please do not hesitate to ask us.										
Telephone 01268 773535 or email info@rayleightownmuseum							co.uk Date			
Signature							Date			
Signature of Parent/Guardian if under 18 years						г	Date			
Signature of Farency Guardian in Under 10 years										
Please be assure	ed that an	v inform	nation given will	l be kept stri	ictlv	confidential. W	e are registered	with the Inforr	nation	
Please be assured that any information given will be kept strictly confidential. We are registered with the Information Commissioners Office and fully comply with the requirements of G.D.P.R.										
FOR OFFICE USE ONLY										