

RAYLEIGH TOWN MUSEUM

VOLUNTEER APPLICATION FORM

| | | | | | | | |
|--|-----------------|--------------|--------------|----------------|----------------|--------------|--------------|
| Name | | | | Age | | | |
| 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 | | Research | | 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 AM | Wednesday PM | Friday AM | Friday PM | Saturday AM | Saturday PM | Sunday AM | Sunday 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 | | | | | | | |
| Signature | | | | | Date | | |
| Signature of Parent/Guardian if under 18 years | | | | | Date | | |
| 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 | | | | | | | |