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Volunteer Registration Form

*All information given is strictly confidential*

Personal Information

|  |
| --- |
| Position Applying For: |
| Name: |
| Full Address: |
| E-mail: |
| Telephone: |
| Date of Birth: |

|  |
| --- |
| **Please tell us why you wish to volunteer at the Garden Museum:** |
| **Please provide details of your skills, experiences, interests, hobbies or other information relevant to the role:** |

Availability

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Frequency: | | | | | | | | |

Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please select an option: | | | | |
| Employed | Unemployed | Retired | Full Time Student | Part Time Student |

References

Please provide the details of two people, not related to you, who can comment on your character and ability to carry out the volunteering role.

|  |  |  |
| --- | --- | --- |
| Reference 1: | Reference 2: | |
| Relationship to you: | Relationship to you: | |
| Please supply us with any other information we should be aware of:  (Including any medical conditions) | |

I can certify that the information given is correct to the best of my knowledge as of:

DATE SIGNED