**Museum of Brands Volunteering Application Form**

If you have any queries please email [carrie@museumofbrands.com](mailto:carrie@museumofbrands.com) or phone 0207 243 9610

|  |  |  |
| --- | --- | --- |
| **First Name** |  | |
| **Surname** |  | |
| **Email** |  | |
| **Home Address** |  | |
| **Postcode** |  | |
| **Mobile Phone** |  | |
| **Home Phone** |  | |
| **Nationality**  (please note that citizens of non-EU countries may need to show a valid visa) | |  |
| **Date of Birth**  (please note that we cannot accept volunteering applications from under 18s) | |  |
| **Do you have any health conditions** (eg medication or allergies, etc) **or access requirements which we should be aware of?** | | **Yes / No** |
| **If Yes, please state** |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **When would you like to volunteer?** | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Full day (10am-6pm)** |  |  |  |  |  |  |  |
| **Half day (4 hour shift)** |  |  |  |  |  |  |  |

**We’d like to know what you hope to gain from this volunteering – please tick boxes as appropriate.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Important to me** | | **Not important to me** | **Not Sure/Don’t know** | |
| Gain work experience |  | |  |  | |
| Boost my confidence |  | |  |  | |
| Improve my career prospects |  | |  |  | |
| Have fun |  | |  |  | |
| Learn something new |  | |  |  | |
| Use my skills |  | |  |  | |
| Try something new |  | |  |  | |
| Please state any other reason which is important to you |  | | | | |
| **About You** | | | | |
| **Please briefly explain why you would like to join the Museum of Brands volunteering programme**  **(max. 100 words)** | |  | | |
| **Please briefly explain why you are interested in this particular role**  **(max. 100 words)** | |  | | |
| **Please list in any relevant experience, skills, personal qualities or knowledge you would like to offer in this role.**  **(max. 100 words)** | |  | | |

**My References**

Taking references helps us to ensure that the volunteering role is right for you. Please provide details of two referees who are over 18. One should be someone you know in a professional capacity, whilst the other can be a neighbour, friend or colleague. If you get stuck, we can help you think about who might be suitable.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| Relationship to you |  |  |
| Name |  |  |
| Title (Ms, Mr, Dr, etc) |  |  |
| Address |  |  |
| Postcode |  |  |
| Email |  |  |
| Tel / Mobile |  |  |

**Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
| Relationship to you |  | Mobile Phone |  |
| Address |  | Landline |  |

**Thank you for your interest in volunteering with the Museum of Brands. Please send a copy of your CV with your application. Applications should be emailed to:** [**carrie@museumofbrands.com**](mailto:carrie@museumofbrands.com)

The information which you give on this form will be used in line with the Data Protection Act 1998. It will be used to enable the application to be processed; to enable the organisation to compile statistics, or to assist other organisations to do so, provided that no information that would identify you as an individual. The information will be kept securely, and will be kept no longer than necessary.