



Volunteer Application Form

Please take the time to complete this form in full and return it to the Hall Place and Gardens Volunteer Co-ordinator (address on reverse). All personal details will remain confidential.

Full Name:.....

Date of Birth (if under 18):.....

Address:.....

.....

Postcode:.....

Contact telephone number (1):.....

(2).....

Email address (please print clearly):.....

Do you have any medical conditions or disabilities that could affect you when volunteering? Please make us aware so that we can do our best to accommodate your needs.

.....
.....

Do you have any unspent convictions? If yes please give details

.....
.....

I am interested in becoming involved in (please tick all that apply):

- Museum (*previous experience in the museum sector is required*)
- Hall Place House Room Stewarding
- Hall Place Gardening
- Visitor Centre Meet & Greet (school holidays only)
- Office/Admin
- Education (school summer holiday only)

How much time are you looking to volunteer with us?

½ day per week

More than 1 day per week

1 day per week

Other: please give details.....

Have you previously volunteered in another organisation?

Yes

No

If yes please give brief details of your duties:.....

.....
.....

Are you currently volunteering elsewhere?

Yes

No

If yes, please give details:.....

How do you feel you could contribute to Hall Place and Gardens by becoming a volunteer?

.....

Please give details of any relevant life skills, hobbies or interests:

.....

Please provide names and addresses of two people who we could contact for a reference. At least one must be someone who is not a relative, but has known you for 2 years within the last 5 years. If you are having difficulty finding referees please get in touch to discuss it with us further.

REFERENCE 1		REFERENCE 2	
Name		Name	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Email address		Email Address	

Please Sign and date below to confirm you understand the following:

- I consent to my data being held and processed by the London Borough of Bexley.
- I understand that these details will remain confidential, however members of staff supervising volunteers will have access to them in case of emergency.
- I understand that my data will be held on file for a year after the date of my last volunteering.
- I understand that my name only will be held on file after the date of my last volunteering for the purpose of referencing.
- I understand that I have the right to request my data be deleted at any time should I choose.

Signature:

Date:
 ____/____/____

To be completed and returned by post or in person to:
 The Volunteer Co-ordinator, Hall Place, Bourne Road, Bexley DA5 1PQ
 Or email to: **hallplacemuseum@bexley.gov.uk**