



# Volunteer enquiry form - adult

Thank you for your enquiry about volunteering at Malton Museum.

## 1. Personal Information

First Name: ..... Last Name .....

Address: .....

Postcode: .....

Telephone No: ..... Mobile Telephone No: .....

E-mail: .....

Date of Birth .....

Do you have any medical or other conditions that you think we need to be aware of? Please give details .....

Have you been convicted of a criminal offence? .....

Is this offence spent? .....

## Emergency contact details

Name of contact .....

Contact phone number ..... Relationship to you .....

## 2. How did you hear about volunteering opportunities at Malton Museum? .....

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## 3. Which areas of volunteering are you interested in?

- a) **Front of House** welcoming visitors, making sales and providing information to visitors
- b) **Life Long Learning** assisting with talks to schools and adult interest groups
- c) **Researching** for exhibitions and projects (Fridays 9.30 - 12.30)
- d) **Tours Team** researching, planning and assisting with Town Tours
- e) **Events** - helping lectures, fund raising events and outdoor events

Induction and training will be provided for all roles.

Malton Museum, Subscription Rooms, 36 Yorkersgate, Malton, YO17 7AB

Tel: 01653 691262 [www.maltonmuseum.co.uk](http://www.maltonmuseum.co.uk)

Malton Museum CIO Registered Charity Number 1176471



Please provide an indication of your availability. ....

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#### 4. Experience, qualifications and skills

Please tell us why you are applying and how your experience, personal qualities and skills might contribute to the Museum's activities.

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#### 5. References

Please give the names, email addresses and contact number of at least two people (not related to you) who can testify to your reliability and worthiness

a) Name: .....

Tel No: .....Email address: .....

Relationship to you .....

b) Name: .....

Tel No: .....Email address: .....

Relationship to you .....

#### Declaration

I declare that the information I have given is true and to the best of my knowledge.

Signed: .....



Date: .....

**What happens next?**

Upon receiving your enquiry form, we will ask you to come and meet us. After the meeting, we will be in contact and if successful, a suitable start date will be confirmed.

**Please return this form to:**

**The Volunteer Co-ordinator,  
Malton Museum,  
Subscription Rooms,  
36 Yorkersgate,  
Malton,  
YO17 7AB  
Or  
[enquiries.maltonmuseum@gmail.com](mailto:enquiries.maltonmuseum@gmail.com)**

MC 25.1.26

