Volunteer enquiry form - Student

Thank you for your enquiry about volunteering at Malton Museum.

Name: ……

Address: ……

Postcode: …… D.O.B: ……

Telephone No: …… Mobile Telephone No: ……

E-mail: ……

School Address: ……..

Year group: ……..

Are you undertaking a course/training/award that requires a set number of hours or a certificate for your volunteering?
If so, please state: ……...

There are a number of different volunteer roles available, please indicate which role(s) you are 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) **Guided Tours** researching, planning and assisting with Town Tours

e) **Events -** helping lectures, fund raising events and outdoor events

Full induction and training will be provided for all roles.
Please note that some of these roles are only available during our Open Season of April to October.

Please provide an indication of your availability.

Days Hours

Where did you hear about volunteering at Malton Museum?

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Skills

Please tell us a little bit about yourself including any skills, experience, hobbies or other interests you have and why you are interested in volunteering at Malton Museum

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References

In order to follow up your application, we require parental consent (For under 18's) and a reference from a teacher from your school. This information will be kept confidential.

Parental consent

Name: …… Relationship to you: …….....

Address……

Tel No: ……..Email address: ……

Teacher:

Name: …….....

Address:……

Tel No: ……..Email address: ……

Health and Safety Requirements

Please give any details of any medical conditions that may require special attention so that we can take all reasonable care to ensure your safety whilst working as a volunteer. This information will allow us to act quickly and properly in case of an emergency.

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Please note that we do not currently have wheelchair access into the building.

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

MC 25.1.26