

|  |  |
| --- | --- |
| Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Post Code |  |
| Mobile |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available to volunteer? Please tick

□ Weekday mornings □ Weekend morning

□ Weekday afternoons □ Weekend afternoon

□ Weekday evenings □ Weekend evening

If you have specific days and times that you are available please detail them below.

|  |
| --- |
|  |

## Interests

### Tell us in which areas you are interested in volunteering (you can choose as many as you like)

|  |
| --- |
| □ Updating museum database / collection admin |
| □ Supporting with event setup & delivery |
| □ Working with children and schools |
| □ Collection maintenance e.g. cleaning, repacking and organising |
| □ Support with promoting & marketing events |
| □ Front of house, meeting and greeting the public and explaining exhibitions etc |
| □ Volunteer coordination e.g. timetabling, liaising with volunteers and arranging social events  □ Research and exhibition development support  □ Collecting oral histories |

## Special Skills or Qualifications

### Summarise special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## Relevant Volunteer or Employment Experience

### Summarise your previous volunteer or employment experience.

|  |
| --- |
|  |

## Health and Disability

Do you consider yourself to have any health problems or disability for which you may need support/reasonable workplace adjustments or that we should be aware of (allergy, emergency medication etc.)?

YES / NO (if yes, please give details)

|  |
| --- |
|  |

## Criminal Convictions

Do you have any criminal convictions/cautions?

YES / NO (if yes, please give details)

Previous convictions will not prevent full consideration of your application. Volunteers may be asked to apply for an Enhanced Disclosure and Barring Service (DBS) check, particularly if volunteering in activities that involve children, young people and vulnerable adults.

|  |
| --- |
|  |

## Referees

Please provide the details of 2 people, not related to you who we may ask for a reference

Referee 1:

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Post Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

Referee 2:

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Post Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Post Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Our Polices

### It is the policy of Folkestone Town Council to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability. The Council also supports environmental sustainability and Fair Trade initiatives.

### Full details can be found within Folkestone Town Council’s policies, which are available on its website or by contacting the Museum Curator or Town Clerk.

## CONSENT FORM

Your privacy is important to Folkestone Town Council and we would like to communicate with you about the council and its activities. To do so we need your consent.

Please confirm your consent below. You can grant consent to any or all of the purposes listed. You can find out more about how we use your data from our “Privacy Notice” which is available from our website, from the council Office or at [www.folkestone-tc.gov.uk](http://www.folkestone-tc.gov.uk)

You can withdraw or change your consent at any time by contacting the council office.

□ We may contact you to keep you informed about what is going on in the council‘s area or other local authority areas including news, events, meetings, clubs, groups and activities. These communications may also sometimes appear on our website, or in printed or electronic form (including social media).

□ We may contact you about groups and activities you may be interested in participating in.

□ We may use your name and photo in our newsletters, bulletins or on our website, or our social media accounts (for example our Facebook or Twitter accounts).

□ We may contact you specifically regarding volunteering activities including training, volunteering shifts, development opportunities, events, and exhibitions.

**Keeping in touch:**

□ Yes, I would like to receive communications by post at the address above

□ Yes please, I would like to receive communications by the telephone above

□ Yes please, I would like to receive communications by the email above

□ Yes please, I would like to receive communications by social media

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in the withdrawal of volunteer status and activity.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

### **Thank you for completing this application form and for your interest in volunteering with us!**