**VOLUNTEER APPLICATION FORM**

| PERSONAL DETAILS | | | Date: |
| --- | --- | --- | --- |
| Title: | First Name(s): | Surname: | |
| Known as (*if different from above*): | | Role applying for: | |

| Address (for correspondence):  Postcode: | Telephone:  Mobile:  Email:  Preferred method of contact: post / email / phone |
| --- | --- |

| PLEASE INDICATE HOW YOU FOUND OUT ABOUT THE POSTAL MUSEUM  e.g. Online, print or word of mouth – please note the name of the publication or website. |
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|  |
| INTERESTS AND EXPECTATIONS  Please tell us why you are applying for this role and how it would help you develop any desired skills |
|  |
| SKILLS & EXPERIENCE  Please tell us about any previous work, volunteering, and/or hobbies that would help you perform this role |
|  |

| WHAT LANGUAGES DO YOU SPEAK? | |
| --- | --- |
| LANGUAGE | LEVEL |
|  | Beginner / Intermediate / Advanced / Proficient |
|  | Beginner / Intermediate / Advanced / Proficient |

| WHEN ARE YOU AVAILABLE TO VOLUNTEER?  Mark all those that apply. Please check role descriptions for more details of when roles are available. |
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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning (before 1pm) |  |  |  |  |  |  |  |
| Afternoon (after 1pm) |  |  |  |  |  |  |  |
| Evening / Events |  |  |  |  |  |  |  |

| HOW OFTEN CAN YOU VOLUNTEER? | | | | | Comments on availability: |
| --- | --- | --- | --- | --- | --- |
| Weekly | | Fortnightly | | Monthly |
| HOW LONG WOULD YOU LIKE TO COMMIT? | | | | |
| 3 months | 6 months | | 1 year | More than 1 year |
| Events | Term time | | Non-term time | Don’t know yet |

| REFERENCES - Please provide details of two people, personal or professional, who we can contact. | |
| --- | --- |
| Name:  Telephone:  Email:  Address:  How do you know this person? | Name:  Telephone:  Email:  Address:  How do you know this person? |

| Please provide details of any health issues you feel we should be aware of to ensure your safety whilst volunteering with us or any arrangements you need to be made for you. The Postal Museum does not discriminate on the grounds of disability. |  |
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| DATA PROTECTION |
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| The information provided here will be processed in line with the Data Protection Act 2018.  A submitted application form is not a guarantee of a volunteer role being offered. Please also indicate how long you would like The Postal Museum to keep your details on our internal systems or if you do not want to receive information about future opportunities:  (Delete one as appropriate):   * I agree for The Postal Museum to keep my details on file for 12 months * I do not wish The Postal Museum to keep my details on file for future volunteer opportunities   Please sign and return your application to the Training and Development Manager.  If emailing your application please type your name, your email will be taken as signed consent.  Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |

Email your completed form to: volunteers@postalmuseum.org or

Post to: Training and Development Manager, The Postal Museum, 15-20 Phoenix Place, London WC1X 0DA

**Thank you once again for your interest in volunteering with The Postal Museum!**