

## **Volunteer Application Form**

Date:							
PERSONAL DETAILS							
Title:							
First Name:							
Surname:							
Known as (if	different from above):						
Role applying	for:						
Address:							
Postcode:							
Telephone:							
Mobile:							
Email:							
Preferred method of contact:	Post	Email 🗌	Phone 🗌				
How did you	find out about volunte	ering at The Posta	l Museum?				
Word of mout	th		<del></del>	_			
Social media							
Publication							
Mailing list							
Website							
In the museum							
Other:							

SKILLS Tell us about a time you have helped someone to discover something new. What was the outcome?
INTERESTS Tell us about your interest in history and/or archives.
EXPERIENCE When have you experienced excellent customer service? What made it so good? How did it make you feel?

When are you available to volunteer? Mark all those that apply. Please check role descriptions for more details of when roles are available.										
		•		MON	TUE	WED	THU	FRI	SAT	SUN
Morning (b	pefore 13.	.00)								
Afternoon	(after 13.	.00)								
Evening / Events										
How often	can you	volunteer?								
Weekly		Fortnightly		Mo	onthly					
How long	would you	u be able to co	ommit	?						
3 months		6 months		1 <u>y</u>	year		М	ore tha	n 1 year	
Events		Term time		No tin	on-term ne		Do	n't kno	w yet	
Comments	s on avail	ability								
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.										
This voluntary role at The Postal Museum is subject to a Disclosures and Barring Service (DBS) check. Please state here if you have any previous convictions. Please note that this will not necessarily affect your application.										

REFERENCES Please provide details of two people, personal or professional, who we can contact.						
Name:		Name:				
Telephone:		Telephone:				
Email:		Email:				
Address:		Address:				
How do you know this person?		How do you know this person?				
DATA PRO	<b>FECTION</b>					
The information provided here will be processed in line with the Data Protection Act 2018.						
By signing the disclaimer below you recognise that all details within your application form are correct and for The Postal Museum to keep your application on record for 12 months from submission date.						
If emailing your application, please type your name. Your email will be taken as signed consent.						
Signature:						
Date:						
To have your details destroyed after the closing date for this role and not to be contacted about future volunteering opportunities please tick here.						
I would like The Postal Museum to notify me of any future volunteering opportunities.						

**SUBMIT YOUR APPLICATION** 

You can also email your completed form to: <a href="mailto:volunteers@postalmuseum.org">volunteers@postalmuseum.org</a> or
Post to: Volunteer Manager, The Postal Museum, 15-20 Phoenix Place, London WC1X 0DA

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