**Littlehampton Museum**



The Manor House

Church Street

Littlehampton

BN17 5EW

museum@littlehampton-tc.gov.uk

01903 738100

Volunteer Application Form

**Private & Confidential**

Thank you for expressing an interest in volunteering for Littlehampton Museum. We will use this form to help us decide your suitability for the role, so please ensure that it is accurate and complete.

The information you provide on this form will be used in accordance with the Data Protection Act and your form will be retained for six months from the date we receive it. The application form of those who take up a volunteering role with us will form part of their personnel file and may be used for several related purposes to that volunteering role

Name:

Address:

Tel:

Email:

Do you have any particular skills or experience that you feel would be relevant to this type of voluntary work?

This can include life experience as well any formal qualifications and work experience.

Why do you want to volunteer at Littlehampton Museum, and what are your interests?

Please provide as much detail as you can.

When are you available to volunteer?

Please tick the days of the week that are suitable and indicate when you are available for each.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning (9am-12pm) | Museum Closed |  |  |  |  |  | Museum Closed |
| Afternoon  (12pm – 4pm) | Museum Closed |  |  |  |  |  | Museum Closed |

Please give the names, addresses and contact details of two referees who would be willing to comment on your suitability as a volunteer with us e.g. previous employer, neighbour, head teacher, previous volunteering project, etc. Please note that this cannot be a relative.

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| Name: | Name: |
| Address: | Address: |
| Email Address | Email Address |
| Phone Number: | Phone Number: |
| In what capacity do you know this person: | In what capacity do you know this person: |

Your details will be held by Littlehampton Town Council for the sole purpose of administering your position. Upon ending your position, this data will be kept on file for 1 year. Should you wish to withdraw, amend, review or receive a copy of your details please contact the Museum Team on 01903 738100 or email [museum@littlehampton-tc.gov.uk](mailto:museum@littlehampton-tc.gov.uk).

I consent to my details being stored by Littlehampton Town Council in accordance with their retention schedule and the details described above (Please sign and date if you agree):

|  |  |
| --- | --- |
| Sign: | Date: |

Please return your completed form using the details listed at the top of this form.

Thank you for completing this form.

We will be in touch as soon as possible