

Volunteer Application Form

Personal Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Forenames |  | | Surname |  |
| Address |  | | | Tel (home) |  | |
| Tel (work) |  | |
| Tel (mobile |  | |
| Postcode |  | | | Email |  | |

Employment/Educational Details

|  |  |
| --- | --- |
| Employment (Please tick as appropriate)   Full time     Part time   Self Employed   Unemployed |  Student/Training   Primary Carer   Retired   Other |
| Are you in full-time education?  If so, please state where and, if under 18, which Year Group | |
| Please explain why you are interested in this role and list the skills you might bring to it. | |

Volunteering experience

|  |
| --- |
| Volunteering experience (please tick as appropriate)   None  Not within 12 months   Currently volunteer (please give details below) |

Referees

Please give the name, address, phone and email of two referees who are **not** relatives, who are willing to be contacted.

|  |  |
| --- | --- |
| Name:  Address:  Tel:  Email:  Relationship to you eg employer, friend : | Name:  Address:  Tel:  Email:  Relationship to you eg employer, friend : |

Availability

|  |
| --- |
| Please tick the occasions you think you would be able to volunteer:   Weekly  Fortnightly  Monthly   Tues  Wed  Thurs  Fri  Sat  Sun   Morning  Afternoon  Short term  Long term  Where/how did you hear about us?........................................................................................... |

Please return completed form to:

The Higgins Art Gallery & Museum

Castle Lane

Bedford

MK40 3XD

E: [thehiggins@bedford.gov.uk](mailto:thehiggins@bedford.gov.uk)

T: 01234 718618

Fax: 01234 718619