

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 termWhere/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

T: 01234 718618

Fax: 01234 718619