

# Volunteer Registration Form

**CONFIDENTIAL**

## Personal Information

Please type or complete using black ink and capitals

Surname

Title

Forenames

Date of Birth

Address

  
  
  


Telephone numbers

  


Health: Any restricting factors?

## Employment /Volunteering History

Employment and volunteering experience (past / present)	
Qualifications and relevant training courses attended	
Professional membership, experience, crafts or trade	
Other skills or interests	

## Availability

Are you :

In full-time or part-time employment?	
Retired from employment?	
In full-time or part-time education	

Please say how much time you can offer the Geffrye, eg one day a week, month, etc...

## Interests

The following indicates the range of volunteer activities at the museum. Please mark up to four in order of interest.

Fundraising/events	Research	General Office Duties
Literature Distribution	Cataloguing	Garden Stewarding
Visitor Research	Educational Support	Secretarial
Databases	Exhibitions and Shows	Archives

If you are interested in any specific volunteer opportunity, please give details:

## References

Please provide two references, one of whom should be your present or last employer

Name.....

Address.....

.....

Telephone Number.....

Position Held .....

Relationship to you .....

Name.....

Address.....

.....

Telephone Number.....

Position Held .....

Relationship to you .....

## Emergency Contact

Please supply the details of someone who we can contact in the event of an emergency

Name

Telephone

Address

.....

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..... Postcode

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