

OFFICE USE ONLY
APPLICATION NUMBER

DATE RECEIVED



Volunteer Registration Form

Please complete all parts of the form so we can process your application.

Which volunteering role (s) are you interested in?

Museum Invigilation	<input type="checkbox"/>	Education/Tour Guiding	<input type="checkbox"/>
Research	<input type="checkbox"/>	Working with the Museum Collection	<input type="checkbox"/>

Part 1 ~ Personal Details

Title: (Mr, Mrs, Miss, Ms, Dr)

First Name (s): Surname:

Home address:

 Postcode:

Home: Work: Mobile:

Email address:

Do you have a disability or specific need for which special arrangements or adjustments are needed for the volunteer role you are interested in? (If yes, we may contact you in confidence to discuss)

YES NO

Are there any relevant medical issues that you feel we should be aware of?

Are you currently: (please tick as appropriate)

Employed	Unemployed	Retired	Student Full-Time	Student Part-time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 ~ About You

Please specify any relevant museum/heritage/art gallery or visitor attraction experience, skills and knowledge.

Why do you want to volunteer at The Inniskillings Museum?

As a volunteer, are there any particular skills and learning that you feel you would like to develop?

Please complete the following table to give us a general idea of your availability.

✓ = usually available

✗ = never available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 10.00am ~ 1.00pm							
Afternoon 2.00pm ~ 5.00pm							

Do you have your own transport?

Yes

No

Part 3 ~ Reference

Please provide the name and address of one person who we can contact to comment on your character and ability to become a volunteer at The Inniskillings Museum. If possible, it should be someone other than a personal friend e.g. previous employer, college tutor.

Title:	Name:
Home address:	
Telephone:	Relationship to you:
Email address:	

Part 4 ~ Declaration

You must sign and date this form and ensure all parts are completed.

I declare that to the best of my knowledge the information I have given is true.

Signature

Date

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Thank you for taking the time to complete this form.

Please return the completed form to:

The Inniskillings Museum, Enniskillen Castle, Enniskillen, County Fermanagh, BT74 7HL

If your registration is successful, an informal meeting will be arranged. If both parties are happy to continue, induction and training will then be set up. If you require further information please telephone 028 6632 3142.

Please note the offer of a volunteer position at The Inniskillings Museum is subject to Access NI vetting procedures.

The Inniskillings museum will only use the information that you provide on this form to evaluate your suitability for the position as a volunteer and to find the right job for you. All information will be held securely by the Inniskillings Museum and is strictly confidential. No information provided will be passed to third parties.

The Inniskillings Museum is registered with The Charity Commission for Northern Ireland NIC100653.