

Leatherhead & District Local History Society

Registered Charity No. 802409



Leatherhead Museum
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☎ 01372 386348



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www.leatherheadlocalhistory.org.uk

Museum Volunteer Application Form

Please note that the Museum is housed in a small, part timber framed building, with low ceilings and door frames and has a domestic staircase to the upper floor with no lift. Access from the pavement is down a step and over the threshold. For visitors a side, step free entrance can be opened into the rear paved area but it is only possible then to get wheelchairs into the back room of the cottage. The store room nearby is in a basement accessed by a flight of steps. There are various opportunities for helping, ranging from Stewarding when open to visitors and/or on private visits to administration, practical aspects with regard to artefacts and current and future planning and others.

Title (Mr, Mrs, Miss, Ms.): Surname:.....

Forename[s]:.....

Address including postcode:

.....
.....

Home Telephone:

.....

Mobile Telephone:

.....

[Preferable but not essential]

Email:

.....

Date of Birth.....

Availability i.e. times could you be able to assist: Please tick as appropriate

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		

	Morning	Afternoon
Thursday		
Friday		
Saturday		

I could generally come once or twice a month	
I could generally come once a week	

I would prefer to keep the same day/times each week	
Other options please write below	

.....
Are you currently in paid employment and/or involved with any other voluntary organisation?

Do you have any previous experience of voluntary work?

If **yes** to either of these questions, please give brief details and the name of any organisations:

.....
.....
.....

Have you any skills, qualifications or experience obtained that you think may be of relevance?

If so please give details.....

.....

Do you have a criminal record? **Yes/No**

Do you know of any reason why you should not work with children, young people or vulnerable adults? **Yes/No** If yes to either of these questions, please give details separately.

Bearing in mind also the heading note to this form, do you have any medical conditions that you are aware of, or physical disability that may limit your activity, or put you at risk from any particular activity. **Yes/No** If Yes please either give details below or on separate sheet.

Please give details of a referee not related to you who could vouch for you:

Title (Mr, Mrs, Miss, Ms.): Surname:.....

Forename[s]:.....

Address including postcode:

.....

.....

Home Telephone:

Mobile Telephone:

Email:

Do you agree that we may approach them now? **Yes/No**

Following interview if a recommendation is made that you be enrolled as a Museum Volunteer, you will receive a welcome letter with appropriate documentation. Training arrangements will be discussed with you. Although unpaid, Appointed Volunteers will be regarded for insurance purposes as being employed by the Society.

All information received will be for Leatherhead & District Local History Society use only excepting that the Friends of Leatherhead Museum will have access to names, addresses, telephone numbers and e-mail only. It will be kept in a restricted access computer file and/or in a confidential register. Details of next of kin which will be asked for, are confidential but will be copied and stored in a sealed envelope at the rear of the Stewards Handbook for emergency use only.

The Society will do its utmost to comply with Equal Opportunity Legislation but because of the nature of the buildings it owns or leases it may not be possible to accommodate every applicant.

I the undersigned, declare that the information that I have given above and separately if applicable, is correct to the best of my knowledge.

Signature..... Name Printed..... Date...../...../.....