

# SHIPWRECK MUSEUM

## Volunteer Application Form

### Personal details

Full name	<input type="text"/>		
Address (including Postcode)	<input type="text"/>		
Telephone (Including STD Code)	<input type="text"/>	Contact name (For use in emergency only)	<input type="text"/>
Mobile	<input type="text"/>	Contact telephone (Including STD code)	<input type="text"/>
Email	<input type="text"/>	Contact mobile	<input type="text"/>

### Application information

Position applied for (if specified)	<input type="text"/>							
Your availability (Please tick as appropriate)	Mon am pm	Tues am pm	Weds am pm	Thurs am pm	Fri am pm	Sat am pm	Sun am pm	Varies
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Experience, learning and skills	<input type="text"/>							
Information to support your application								
<i>Please continue on a separate sheet if you wish</i>								
<b>Rehabilitation of Offenders Act 1974: Do you have any unspent convictions?</b> If yes, please specify								
<i>Please note that a conviction will not necessarily exclude you from volunteering with SCHC, but will be taken into account when assessing your suitability</i>								
<input type="text"/>								yes no
								<input type="checkbox"/> <input type="checkbox"/>

## References

If you have worked in the past five years, at least one reference should be obtained from your last employer. If not, give the names of people who know you well.

### Referee one

Name

Address

Tel.

In what capacity do you know referee one?

### Referee two

Name

Address

Tel.

In what capacity do you know referee two?

## Equal Opportunities Monitoring

*The information in this section is used only for the purposes of ensuring the effectiveness of our Equal Opportunities Policy, which is available on request.*

Gender  F  M      Age group    <20    21-30    31-50    51-60    61-70    71+  
                          

How would you describe yourself?

*These categories of ethnic origin are recommended by the Commission for Racial Equality as the most appropriate for monitoring the UK. We recognise that the specific categories may not be appropriate for everyone. If this is the case please use the last box*

### Asian or Asian British:

Indian   
Pakistani   
Bangladeshi   
Any other Asian background  
(Please specify)

### White:

White British   
White Irish   
Any other white background  
(Please specify)

### Black or Black British:

Black Caribbean   
Black African   
Any other Black background  
(Please specify)

### Mixed:

### Chinese or other ethnic group:

Chinese   
Any other Ethnic background  
(please specify)

Do you consider yourself to have a disability/impairment?

If yes, please specify

yes no

If yes, do you have any particular needs in relation your disability/impairment?

Please discuss these with the Manager.

yes no

## Declaration

I understand that any offer of volunteering with SCHC is subject to satisfactory references, and binding in honour only.

*In accordance with the 1998 Data Protection Act, I agree that SCHC may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form can be stored on both manual or computer files. It will be held securely and only accessed by authorised personnel.*