



Volunteer Application Form

Please answer all questions as fully as possible
All answers will be treated in strict confidence

Personal Details

Name	
Address	
Postcode	
Telephone	
Mobile	
Email	
Occupation	
Where did you hear about volunteering with Leeds Museums and Galleries?	
Emergency contact details (Please provide name and contact details for a person we may contact in the event of an emergency)	

How long do you hope to be volunteering with us? (E.g summer term, 3 months etc.)

When are you available to volunteer? (E.g. days, hours etc.)

Why do you want to volunteer with Leeds Museums and Galleries?

Which Volunteer roles are you interested in? (see role profile)

Which of our Sites are you interested in volunteering at?

Please tell us about any **experience, qualifications** or **skills** you have which would be useful in this role? (This ***does not*** have to be formal qualifications, we appreciate the skills you have developed through life experience, employment and volunteer work)

Do you have any special requirements that we would need to consider if you were to volunteer with us? Please give details

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References

Please give the names and contact details of two referees below

Name		Name	
Address		Address	
Telephone		Telephone	
Email Address		Email Address	
How does this person know you ?		How does this person know you?	

If you have any problem in providing referees please contact us to discuss further.

Would you be willing to undergo a Criminal Record bureau Check (CRB) if necessary? **YES/NO** (please delete as appropriate)

I declare that the information given on this form is true to the best of my knowledge.

Signature Date

(If returning by email a typed name will count as a signature)

Please return by email to rachel.marshall2@leeds.gov.uk or alternatively by post to:

Rachel Marshall
Leeds Museum Discovery Centre
Carlisle Road
Leeds
LS10 1LB



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