

Musselburgh Museum and Heritage Group

Scottish Registered Charity, SC003967

Volunteer Application Form

WHICH VOLUNTEER ROLE?

Please indicate the volunteer roles that interest you. Tick all that apply: (Training will be given.)

- | | | |
|---|---|--|
| 1 | Musselburgh Museum Steward | <input type="checkbox"/> |
| | If you have ticked this box, please indicate which day(s) & times you could be available: | |
| | Days open | 10.00am-12.45pm 12.30-3.30pm |
| | Thursday | |
| | Friday | |
| | Saturday | |
| 2 | Accessioning items for the Collection | <input type="checkbox"/> |
| 3 | Scanning, data entry | <input type="checkbox"/> |
| 4 | Making costumes, discovery packs etc. for children | <input type="checkbox"/> |
| 5 | Outreach work, talking to schools or groups | <input type="checkbox"/> |
| 6 | Governance role as Management Committee member (trustee) | <input type="checkbox"/> |

PERSONAL DETAILS:

Preferred title: Miss, Mr, Mrs, other:

Forenames:

Surname:

Known as:

Address including postcode:

Telephone:

Email address:

DO YOU HAVE A DISABILITY?

If you consider yourself to have a disability for which particular adjustments or arrangements are required, please provide details on a separate sheet.

WHY WOULD YOU LIKE TO BE A VOLUNTEER?

WHAT SKILLS AND EXPERIENCE CAN YOU OFFER?

REFERENCE:

Please provide the name of someone (not related to you) whom we can contact to tell us if you would make a suitable volunteer.

Full name, including title:

Address and postcode:

Contact telephone:

Email address if available:

Signed:

Date:

Please note that in signing this form you agree to us keeping information about you in accordance with data protection legislation. If you do not become a volunteer with us the information will be deleted from both our paper and online records.

***Please return the completed form to the Musselburgh Museum & Heritage Group,
Old Town Hall, High Street, Musselburgh, EH21 7BZ***