



VOLUNTEER RECRUITMENT

Application to become a volunteer

Please circle Mr / Mrs / Miss / Ms / Other

First NameSurname

*Address.....

.....

Postcode

*Telephone

*Mobile

*Email

*Please let us know which method you would prefer us to use to contact you

Emergency contact numbers:

Name

Telephone/Mobile.....

Relationship to you

GP name and telephone number.....

Date of birth.....

Your availability

Please tell us why you would like to be a volunteer:

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Please tell us which area(s) of the Museum you are interested in volunteering in (the Volunteer Opportunities list may help you decide)

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Please tell us about the skills you have which you can bring to the organisation (eg. Languages, admin, retail experience, public speaking, teaching):

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Names and addresses of 2 referees (not family members)

Name.....

Address.....

.....

Postcode.....

Telephone.....

Email

Name.....

Address.....

.....

Postcode.....

Telephone.....

Email

Please continue overleaf.....

Please use this space to let us know your interests and any other voluntary activities in which you are involved.

Volunteer signature:

Date:

Volunteer Co-ordinator: 0151 644 4803 c.fidler@portsunlightvillage.com

Volunteer Co-ordinator signature

Please return to:

Clarinda Fidler-Griffiths
Volunteer Co-ordinator
Port Sunlight Village Trust
23 King George's Drive
Port Sunlight
Wirral
CH62 5DX