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| PERSONAL DETAILS |
| |  |  | | --- | --- | | Full Name: |  | | Date of Birth: |  | | Full Home Address: |  | | Telephone: |  | | Email: |  | |  |  | |
| EMERGENCY CONTACT DETAILS |
| |  |  | | --- | --- | | Name: |  | | Contact number: |  | |
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| Please tell us which role you are interested in. If you haven’t seen a specific role, please give details of what you would like to do. |

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| **Please explain why you are applying for this volunteering opportunity** |

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| Please give details of any skills or interests you have which you feel may be relevant to your application: |

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| Please give details of any previous volunteering experience: |

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| HOW DID YOU HEAR ABOUT VOLUNTEERING? | | | | | |
|  | Our website |  | Local volunteer centre |  | A volunteer |
|  | A visitor |  | Volunteering website (specify which one below) |  | Other (please specify below) |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| |  | | --- | | **REFERENCE DETAILS** | | We ask all volunteers to give us details of two people who can provide a reference.  A referee should be somebody that has known you well for at least one year and should not be a member of your family. Some roles may require you to have a Disclosure and Barring Service check. | | |  |  | | --- | --- | | **Reference Name:** |  | | Relationship: |  | | Email: |  | | | |  |  | | --- | --- | | **Reference Name:** |  | | Relationship: |  | | Email: |  | | |  | | **FOR ALL APPLICANTS**  **I declare that the information I have provided in this application is true**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE RETURN YOUR COMPLETED FORM:** by email: [volunteer.programme@nottinghamcity.gov.uk](mailto:volunteer.programme@nottinghamcity.gov.uk)  Or by post to: The Museum Volunteer Coordinator, Nottingham City Museums and Galleries,  Wollaton Hall and Deer Park, Courtyard Building, Nottingham, NG8 2AE. | | |
| EQUAL OPPORTUNITIES |
| Nottingham City Museum and Galleries aims to provide equal opportunities and fair treatment all volunteers.  We would like you to complete this form in order to help us understand who we are reaching to better serve everyone in our community. The information will be used to provide an overall profile analysis of our volunteer base.  All details are held in accordance with the Data Protection Act 1998.  You do not have to answer any questions you are uncomfortable with. |
| Do you identify as: |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Male |  | Female |  |  | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you describe yourself as having a disability or impairment? |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | No |  |  | |
| If yes, please give further details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Which category do you fall into? |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Student |  | Employed |  | Self Employed | |  | Unemployed |  | Retired |  | Other, please specify: | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How would you describe your ethnic origin? |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | White British |  | Multiple Heritage |  | White Other | |  | Asian or Asian British |  | White European |  | Chinese | |  | Black or Black British |  | Other Ethnic Group, please specify: | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |