**THE BRUNEL MUSEUM VOLUNTEER APPLICATION FORM**

**Museum tour guide volunteer**

***Please note this role requires availability on at least one Saturday/Sunday a month (either 10:30am-2:30pm or 1:30pm-5:00pm). Please do not apply if you are not available at any of these days and times.***

### Thank you for considering becoming a volunteer at The Brunel Museum.

### Please complete and return this form (details at the end of the form).

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| Date of Birth |  |
| Telephone |  |
| Mobile  |  |
| E-mail |  |

Contact in case of an emergency:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Address |  |
| Mobile  |  |

What general work/ voluntary experience do you have?

*Feel free to attach a CV instead*

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Do you have any health problems that it would be helpful for us to know about?

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Please confirm you are able to volunteer on at least one Saturday and/or Sunday per month between either 10:30am to 2:30pm or 1:30pm-5pm.

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Please state any additional days/times that you would like to volunteer (e.g. museum opening days – Friday to Monday, weekday availability, evenings etc.)

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**Referees**

In order to follow up your application, we need at least two persons willing to provide us with references for you. Referees could include your present/previous employers, tutors, or another person of good standing. These references are kept confidential.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Mobile  |  |
| Email |  |
| In what capacity does this person know you? |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Mobile  |  |
| Email |  |
| In what capacity does this person know you? |  |

As volunteers might sometimes work with vulnerable people, The Brunel Museum has a responsibility to safeguard the interests of visitors, hirers, volunteers and employees. Regardless of whether convictions are spent or their nature, do you have any convictions that you are required to disclose or other information you wish us to know?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES |  |  | NO |  |

If yes, please supply details below, or if you prefer, on a separate sheet.

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**Declaration**

I declare that the information given on this form is correct to the best of my knowledge. I confirm that if I do volunteer with the Museum I will abide by all published policies and procedures.

Signature: Date:

Thank you for your interest in The Brunel Museum. Please sign the Data Protection and DBS statements below and return the completed form to:

Learning & Volunteer Manager, The Brunel Museum, Brunel Engine House, Rotherhithe, Railway Avenue, London SE16 4LF, or email a copy to: hello@thebrunelmuseum.com

**Data Protection Statement**

The Brunel Museum of Railway Ave, London, SE16 4LF(Limited Company 02488877 and

Charity 1003287) will process and be in control of the data provided on this form.

The information which you provide in this form and any other information obtained or provided during the course of your volunteering with us (“the information”) will be used for the purpose of assessing your suitability for roles, in emergency situations e.g. to protect life or in a medical situation, and in relation to legitimate interests of the museum and charity.

If you choose not to accept any offer of voluntary role that we make, the information will be retained for a further 6 months in the event of a more suitable opportunity arising, after which time it will be destroyed.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your voluntary role.

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner.

**I consent to my personal information being used for the purposes and on the terms set out above.**

Signature: Date:

**Disclosure and Barring Service (DBS) check**

It may be that we undertake a Disclosure and Barring Service (DBS) check on volunteers. If this happens you will be advised in advance.

**I consent to a Disclosure and Barring Service (DBS) check being undertaken.**

Signature: Date: