

Volunteer Application / Registration Form

Personal details:				
Name:	Phone:_		Mobile:	
Address:				
Email:		_		
Emergency Contact:				
Name:		Phone:		
Skills and experience:				
Please give brief details of your skills and your employment background, previous	-	_		le. This can include
Background and interests:				
Please give brief details. This can includ	e hobbies, i	interests:		
Any previous voluntary experience you	would like t	o tell us ab	out (if not mentione	d above)
			·	·



Please tick the kind of voluntary work you are interested in:								BOAT L	
	Front of House		Social Media		Guided Walks		Research/	Archives	
	Museum Guide		Trust Admin		Groundwork on Site		Talks		
Time a	availability:							_	
When	can you volunteer	: tick th	ne times below t	that ap	ply:				
	10am – 1pm		1pm – 4pm		Weekdays				
	10am – 1pm		1pm – 4pm		Weekends				
Any other information you'd like to give us about your availability References / additional information How did you find out about our volunteering opportunities?									
	Our website		Facebook		Advert		From a currei	nt	
	From a visitor		Local Volunteer Centre		Posters	Othe			
Please give us details for two people we may contact for references:									
Name	/ Address								
	Phone number								
Name	/ Address								
	Phone number								

Data Protection Act 1998

FIPT will only use the information provided by you to assess your suitability to volunteer with us. We reserve the right to gather information from other sources too, for example, by using your references. We will not contact other parties without asking you first. In addition, we request information on a separate sheet which will be used for equal opportunities monitoring purposes. This information is always kept separate from personal details and remains confidential. It enables us to check whether we are attracting volunteers from diverse backgrounds and to make changes if we are not.

Please return completed form to: Foxton Canal Museum, Middle Lock, Gumley Road, Foxton, LE16 7RA