

# Chiltern Open Air Museum Volunteer Record Sheet



**CHILTERN  
OPEN AIR  
MUSEUM**

*Where buildings come  
alive through history*

<b>Personal Details</b>			
<b>Name</b>			
<b>Address</b>			
<b>Home telephone no.</b>			
<b>Mobile telephone no.</b>			
<b>Work telephone no.</b>			
<b>Email Address</b>			
<b>Employment status (please tick)</b>	<b>Employed</b>	<b>Unemployed</b>	<b>Retired</b>
	<b>Student</b>	<b>Other:</b>	
<b>Driver (Yes or No)</b>		<b>Own transport (Please give details including registration no)</b>	
<b>Please give details of any health conditions that we need to be aware of:</b>			

<b>Areas of interest (Please tick as appropriate)</b>			
<b>Visitor Services:</b>			
Stewarding		Cafe	
Ticket Office and Shop		Guided tours	
<b>Office:</b>			
Reception		Word processing	
Filing/ Mail-outs		Database entry	
Library			
<b>Farm &amp; Site:</b>			
Fencing		Animal care	
Woodland		General conservation	
Farming		Gardening	
<b>Buildings &amp; Maintenance:</b>			
Bricklaying		Plumbing	
Electrics		Painting	
Woodwork		Surveying	
Engineering		Architectural planning	
General maintenance			
<b>Artefacts:</b>			
Cataloguing		Archives	
Data entry		Historical research	
Conservation			
<b>Education &amp; Interpretation:</b>			
Running workshops for schools		Activities for visitors	
Preparation of materials		Development of programmes	
Demonstrations i.e.;	Pole lathing Thatching	Blacksmithing Rag rugs	

<b>Areas of interest with associated groups at the COAM</b> (Please tick as appropriate):			
<b>Friends of Chiltern Open Air Museum:</b>			
Fundraising events		Friends Shop (plants/jam making)	
Holiday Club			
<b>Hawk &amp; Owl Trust:</b>			
Running workshops for schools		Activities for visitors	

<b>Previous Experience</b>	
<b>Employment</b> (Please give details of your most recent employer or other voluntary organisation)	
Employer Name & Address	
Dates employed:	
Your role & responsibilities:	
Skills & Interests (Please detail any skills, interests or qualifications that you feel would be relevant to your volunteering at COAM,):	

<b>Availability</b>						
Please tick days and enter times when you would be available to help:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please indicate how often you may be able to help:						
Weekly:		Monthly:		Other:		

**For office use only**.....

Source of enquiry:			
Date of induction/ health & safety training:		Staff initial	