

Do you have a disability or specific need for which special arrangements or adjustments are needed for the volunteer role and the interview? Yes/No If yes, please provide details below.

Please provide next of kin contact details, in case of emergency.

Name:
Daytime Telephone No.:

Relationship to you:
Evening Telephone No.:

6. Declaration: You must sign and date this form.

I declare that the information I have given is, to the best of my knowledge and belief, true and complete.

Signature:

Date:

Please complete and return to:

By post:
**Visitor Services Assistant
Chiltern Open Air Museum
Newland Park, Gorelands Lane
Chalfont St. Giles HP8 4AB**

By email to:
events@coam.org.uk

Office use only	
Date of induction:	Placement offered/Placement not accepted
Team name/Contact:	Placement start date:
Voluntary role:	End date (if less than one year):
Additional notes:	

Your information will be stored and processed in accordance with the Data Protection Act 1998.

Thank you for completing this form, and for offering your time and skills to support your local heritage.



**CHILTERN
OPEN AIR
MUSEUM**
*Where buildings come
alive through history*

Volunteer Application

Thank you for your interest in volunteering at Chiltern Open Air Museum! This application will be used to help us to match potential volunteers to the most appropriate tasks. If a suitable voluntary role is available, we will contact you with further information and arrange for an induction, held two-four times per month. Please complete all sections of this form. All answers will be treated in the strictest of confidence.

1. Personal Details

Forename:
Surname:
Title:
Home Telephone No.:
Mobile Telephone No.:

Address:
Postcode:
Work Telephone No.:
Email:

2. Young Volunteers

If you are under the age of 16, please do not fill out this form prior to contacting our Visitor Services Assistant at 01494 871117 or visiting our website www.coam.org.uk to learn more about volunteer opportunities

3. About You

Why do you want to volunteer at Chiltern Open Air Museum?

What experience/skills are you able to offer?

(Educational or professional qualifications are not necessary, but you may enclose a copy of your CV if you wish).

Availability

Please tick the following boxes to give us a general idea of your availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Do you have transport to the Museum? Yes/No

(Unfortunately, there is no public transport to the Museum and we do not have the funding to pay expenses).

Which volunteer role(s) would you be interested in doing?.**How did you hear about volunteering at Chiltern Open Air Museum?****4. References**

Please provide the names and addresses of two referees (not related to you) who we can contact to comment on your character and ability to become a volunteer. Referees will be contacted after the acceptance of a voluntary role, but prior to commencement.

Name:
Address:
Daytime Telephone No.:
Email (Preferred):
Relationship to you:

Name:
Address:
Daytime Telephone No.:
Email (Preferred):
Relationship to you:

5. Volunteers Health Declaration

Chiltern Open Air Museum is committed to ensuring that all reasonable steps are taken to provide for the health and safety of its volunteers. Volunteers are also responsible for their own health and safety and have a duty to inform Chiltern Open Air Museum of any health condition that may affect their ability to carry out their voluntary role. We make every reasonable effort to accommodate volunteers of different abilities and welcome volunteers

Do you have any medical condition or allergy that you consider may affect your ability to carry out your voluntary role? Yes/No If yes, please provide details below.