

# SCOTTISH FISHERIES MUSEUM

## VOLUNTEER APPLICATION FORM

The information you give us will help us find a volunteering opportunity that suits you and matches your skills and interests.

Information will be used in accordance with the principles of the Data Protection Act 1998.

Information will not be shared with third parties without your express permission.

### PERSONAL DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Which one of the following best describes your situation? Please tick **one** only.

Paid employment full-time     Self-employed     Retired/Early retired

Paid employment part-time     Unwaged     Other \_\_\_\_\_

Further Education/Training     School \_\_\_\_\_

Are there any disability/health issues that you feel may affect your volunteering?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AVAILABILITY**

Would you like to volunteer regularly or for a short period? \_\_\_\_\_

Are you available:  School holidays  Term time  Both?

How often e.g. weekly, fortnightly etc? \_\_\_\_\_

How many hours might you be able to give e.g. per week or fortnight? \_\_\_\_\_

Are there any days you are unavailable? \_\_\_\_\_

Would you prefer mornings or afternoons? \_\_\_\_\_

**EXPERIENCE AND SKILLS**

Previous experience (employment, voluntary work) and skills:

---

---

---

---

---

---

---

---

---

---

Current Activities:

---

---

---

---

---

---

---

---

## REFERENCE

Please give the name and address of someone, not related to you, and who has known you for at least one year, who could provide us with a reference on your behalf.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Which **one** of the following would you most hope to achieve by volunteering? Please tick **one** only.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Use my spare time well | <input type="checkbox"/> Meet new people             | <input type="checkbox"/> Develop new skills      |
| <input type="checkbox"/> Support the Museum     | <input type="checkbox"/> Improve my health           | <input type="checkbox"/> Improve existing skills |
| <input type="checkbox"/> Increase my confidence | <input type="checkbox"/> Help me into work/education |  |

What **type of work** would you like to do? Please put **1** against your favourite, then **2** against your next favourite etc.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Administration/Office work | <input type="checkbox"/> Shop/Reception         | <input type="checkbox"/> Tearoom work  |
| <input type="checkbox"/> Archiving/cataloguing      | <input type="checkbox"/> Guided Tours           | <input type="checkbox"/> Research      |
| <input type="checkbox"/> Boat maintenance/crewing   | <input type="checkbox"/> Outreach/giving talks  | <input type="checkbox"/> Fundraising   |
| <input type="checkbox"/> Arts/Crafts workshops      | <input type="checkbox"/> Educational activities | <input type="checkbox"/> Practical/DIY |
| <input type="checkbox"/> Exhibition preparation     | <input type="checkbox"/> Languages/Translating  | <input type="checkbox"/> Marketing/PR  |
| <input type="checkbox"/> Collections Conservation   | <input type="checkbox"/> Events Organising      | <input type="checkbox"/> Computing     |

For some activities we may need to run police checks on volunteers because they involve work with children and other vulnerable people. If you want to discuss this, please tick this box:

I confirm the information provided is, to the best of my knowledge, correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank-you for completing the form.***