

HUGUENOT MUSEUM VOLUNTEER RECORD SHEET

Please complete this form and return it to the Huguenot Museum at the address below. All personal details will remain confidential.

Name:

Date of birth (if under 18):

Address:

Postcode:

Tel no (1):

Tel no (2):

Email:

Do you have any medical conditions or disabilities that could affect you when volunteering?

Please make us aware so that we can do our best to accommodate your needs.

Next of kin:

Please supply details of two people to be contacted in case of emergency or illness whilst at the Huguenot Museum.

1 Name:

Relationship to you:

Contact tel no (1):

Contact tel no (2):

2 Name:

Relationship to you:

Contact tel no (1):

Contact tel no (2):

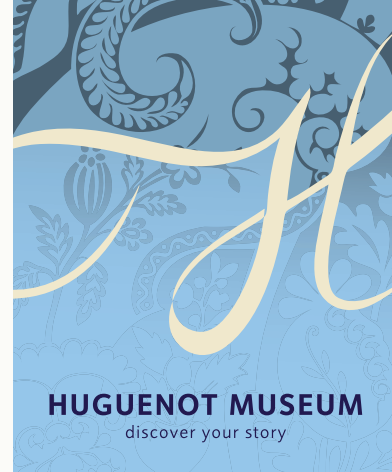


PLEASE RETURN THIS FORM TO:

Huguenot Museum 95 High Street Rochester Kent ME1 1LX

01634 789347 director@huguenotmuseum.org www.huguenotmuseum.org

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I am interested in becoming involved in:
(please tick all that apply)

- Front of House & Shop
- Gallery Steward
- Documentation
- Learning

Have you previously volunteered in
another organisation?

- Yes No

If yes please give brief details of your duties:

Are you currently volunteering elsewhere?

- Yes No

If yes please give details:

How do you feel you could contribute to the
Huguenot Museum by becoming a volunteer?

Please give details of any relevant experience,
life skills, hobbies or interests:

How much time are you looking to volunteer
with us?

(please tick all that apply)

- ½ day per week
- 1 day per week
- More than 1 day per week
- 1 day per month

Or please give details:

Signed:

Date:

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