



THE NORRIS MUSEUM

Wherever Your Curiosity Takes You

Volunteer Application Form

Thank you for applying to be a volunteer with The Norris Museum.

Please complete this application form so we can match you with a role that is suitable to both you and to the museum.

Personal Details

Title:	
First name:	
Last name:	
Home address:	
	Postcode:
Phone number:	
Mobile:	
Email address:	

Reasons for volunteering

Why would you like to become a volunteer at The Norris Museum?

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Which volunteer roles would you like to find out more about? Please tick all that apply.

- | | |
|---|--|
| ☐ Collections | ☐ Talks and Tours |
| ☐ Activity Storage | ☐ Family events |
| ☐ Bridge Chapel | ☐ Reminiscence |
| ☐ Community Outreach | ☐ Community Group Coordinator |
| ☐ School (KS1&2) Visits/Outreach | ☐ Early Years Visits/Outreach |
| ☐ Coding Club | ☐ Family Art Club |

(Please note that some roles are more popular than others and may already be at capacity)

What do you hope to get out of volunteering at the museum? Please tick all that apply.

- | | |
|--|--|
| ☐ Work experience | ☐ Learn something new |
| ☐ Have fun | ☐ Help in looking after our local history |
| ☐ Share skills | ☐ Other (please specify) |
| ☐ Meet new people | |

What hours and on what days are you available to volunteer?

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Employment details

Are you at present:

- ☐ Student ☐ Employed ☐ Unemployed ☐ Retired ☐ Other

Please give details of last two positions held, including voluntary or work placements.

Dates	Name and address of employer	Position held and principal duties

Experience

Please summarise any experience you think is relevant to your application (either paid, voluntary or other), starting with the most recent.

Dates	Details

Education, qualifications and training

Please give details of your education, qualifications and training relevant to your application, starting with the most recent.

Dates	Place of study	Courses completed

Relevant skills

Please give details of any skills you feel may be relevant to your application. Are there any skills you would particularly like to develop?

Please give details of 2 personal referees who should NOT be related to you.

Please include a contact number

Name: Address: Telephone: Email: Relationship to you:	Name: Address: Telephone: Email: Relationship to you:
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Please note, at least one of your references must be from a person who is employed by a company or organisation.

DBS Check

To ensure parents, guardians and schools that we are doing everything possible to protect Children and vulnerable adults, volunteers working with these groups may need to be DBS checked. We will cover the costs.

If required, will you be willing to have a DBS check carried out?	☐ Yes	☐ No
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Emergency Contact

Please provide the details of someone we can contact in the unlikely event of an accident or illness whilst volunteering for the museum.

Disabilities and Health Conditions

Do you have a disability or any particular health conditions that we should be made aware of? (Including allergies, etc.) If yes, please give details.

Additional information

Please use this space to add any further information regarding your application.

Please return this form to:

Museum Director, The Norris Museum, 41 The Broadway, St Ives, Cambridgeshire. PE27 5BX

Or email: Director@norrismuseum.org.uk

For Office Use Only

Date received:

Date interviewed:

Handbook issued: