

**Volunteer Expression of Interest Form**

Please complete this form and return to: Volunteer Coordinator, Cambridge Museum of Technology, The Old Pumping Station, Cheddars Lane, Cambridge CB5 8LD or info@museumoftechnology.com.

In accordance with our Child Protection Policy, our Volunteer Programme is normally for adults aged 18 or over..

**Your contact details**

|  |  |
| --- | --- |
| Title (Mr/Miss/Mrs/Ms/Dr/ Other) |  |
| First name(s) |  |
| Surname |  |
| Current occupation |  |
| Home Address | Postcode:  |
| Email address |  |
| Daytime telephone number |  |
| Preferred method of contact |  |

**About you**

Do you have any particular skills, interests or experience that you would like to bring to your volunteer role?

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|  |

How did you hear about volunteering with us?

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**CRB Check**

Volunteers applying for roles that involve working closely with children or vulnerable adults on a frequent or intensive basis will be asked to for a CRB check with Enhanced Disclosure. We will incur any administrative costs involved. If required for your role, would you be prepared to have an Enhanced CRB check?

 Yes [ ]  No [ ]

**Availability**

Please give an approximate indication of how often you would like to volunteer:

Twice a week [ ]  Once a week [ ]  Once a fortnight [ ]  Once a month [ ]  Other:

Please indicate your general availability:

Weekdays [ ]  Weekends [ ]  School Holidays [ ]  Other:

**Emergency Contact Details**

 Please give details of your next of kin to contact in case of emergency.

Name

Address

Postcode:

Email address

Daytime telephone number

 **Referees**

 Please give contact details of two people (other than relatives or partners) who have known you for more than 2 years who we can contact to comment on your suitability to volunteer for us.

 Suitable referees include your employer or tutor, a Member of Parliament, Justice of the Peace, Minister of Religion, a professionally qualified person (e.g. teacher, doctor, engineer, lawyer), local councillor, bank officer, established civil servant or person of similar standing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** Name |  | **Referee 2** Name |  |
| Relationship to you |  | Relationship to you |  |
| Address | Postcode:  | Address | Postcode:  |
| Email address |  | Email address |  |
| Telephone  |  | Telephone  |  |

Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially and accessed only by authorised management.

 I declare the information I have provided is true and I am over 18 years old:

 **Signed ........................................................................................ Date ...................**...

 Cambridge Museum of Technology is a Charitable Incorporated Organisation Number 1156685