

Tenbury and District Museum Society

Volunteer Registration Form

Thank you for your interest in volunteering for Tenbury and District Museum Society. Please complete this form in **BLOCK CAPITALS**. If you would prefer this form can be completed electronically – find it on our website www.tenburymuseum.org.uk and return by email.

Any information you provide will be treated confidentially and destroyed when volunteering ends.

PERSONAL INFORMATION

Name:..... **Title**(Mr/Mrs/Ms/Miss/Other).....

Address:

.....

Tel:..... **Mobile:**.....

Email:

Any special needs or medical conditions:

SKILLS AND EXPERIENCE

Any relevant skills/experience	
Any volunteering experience	
Why do you want to volunteer at the museum?	
What areas of volunteering here would you be interested in?	
What is your availability for volunteering? e.g. 1 day a week, a month, only during open season.	

YOUR EMERGENCY CONTACT

Name:..... Title(Mr/Mrs/Ms/Miss).....

Address:
.....

Relationship to you:

Tel:..... Mobile:.....

Your Signature	
Print name	
Date	

[Please return this form to the Museum. Thank You](#)