

VOLUNTEER APPLICATION FORM



This form will give you the opportunity to tell us about the kinds of activities you would like to get involved in and the kinds of skills you can offer the Museum.

Please complete and return via email: personnel@tankmuseum.org
or post: The Tank Museum, Bovington, Dorset, BH20 6JG

Name: _____

Address: _____

Post Code: _____

Land Line: _____

Mobile: _____

Email: _____

Communicating with you:

What is the best way to contact you?

Email Land Line Mobile Letter

What is your preferred time of day to call?

Age:

Under 18 18-25 26-35 36-45

46-55 56-65 Over 65

Section B

Positions applied for:

Section C

When are you able to Volunteer?

Monday Tuesday Wednesday

Thursday Friday Saturday

Sunday

Which time of day suits you best?

Morning Afternoon Evening

Frequency

Once/Week Every Weekend Once/Month

Other

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THE TANK MUSEUM

Tell us a little bit about yourself, including any relevant experience.

Section D

References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer to volunteer is made? YES NO

Name: _____

Name: _____

Position: _____

Position: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

For office use only.

Induction Date

CRB No

Date Cleared

H&S Video

Volunteer No

