

VOLUNTEER REGISTRATION FORM

All information given is strictly confidential

Personal Information

Position Applying For:

Name:

Full Address:

E-mail:

Telephone:

Date of Birth:

Please tell us why you wish to volunteer at the Garden Museum:

Please provide details of your skills, experiences, interests, hobbies or other information relevant to the role:

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Frequency:
-----**Employment****Please select an option:****Employed****Unemployed****Retired****Full Time
Student****Part Time
Student****References**

Please provide the details of two people, not related to you, who can comment on your character and ability to carry out the volunteering role.

Reference 1:**Reference 2:****Relationship to you:****Relationship to you:**
-----**Please supply us with any other information we should be aware of:**

(Including any medical conditions)

I can certify that the information given is correct to the best of my knowledge as of:

DATE _____**SIGNED** _____

Please send all completed forms to Veronica McGeehan: Veronica@gardenmuseum.org.uk
Or send them to: Garden Museum, 5 Lambeth Palace Rd, Lambeth, London SE1 7LB