



NCMG **Volunteers**

Volunteer Application Form

Please complete all sections in full. If completing this form by hand, please use **BLOCK CAPITALS**. If you need help or have any questions please get in contact with us. Volunteer.Programme@nottinghamcity.gov.uk

1. Personal Details

Name:

Date of Birth:

Email address:

Nottingham City Museums and Galleries (NCMG) volunteering age starts at 15 in line with Restrictions for Child Employment Legislation. If you are aged between 15-18 then please check with a Volunteer coordinator to find out what roles are available.

Address:

Contact Numbers:

How did you hear about us? Local Press Poster/Leaflet NCC Website
Volunteer Website (CVS/ Do-It) Other (please state)

2. Skills and interests

Please tell us which role you have seen and are interested in.

Please explain why you are applying for this volunteering opportunity.

Please give details of any skills or interests you have which you feel may be relevant to your application.



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**ARTS COUNCIL
ENGLAND**

 Volunteer.Programme@nottinghamcity.gov.uk
 Office: 0115 8762205



**Nottingham
City Council**



3. References

Please give the names and addresses of 2 people who can act as referees. They will be asked to comment on your suitability for volunteering with NCMG.

Both referees must have known you for at least 2 years and be aged over 18. Referees can be your previous manager, a tutor, support worker, friend or another volunteer. References cannot be family members or people that you live with.

Applicants under 16 only require one referee, preferably from a teacher.

Person one Name:

Tel:

Relationship to you:

Email:

Person two Name:

Tel:

Relationship to you:

Email:

4. Additional Information

Would you describe yourself as having a disability or impairment: Yes No

Please give further details.

Who can we contact in case of an emergency

Name:

Telephone number:

5. Declaration

I declare the information I have provided is true.

Signature:

Date:



6. Parental/Guardian Consent

If volunteer is under 18, this form needs to be completed by a parent/guardian

I (full name of parent/guardian)

am signing to say I acknowledge this named person is applying for a volunteering with Nottingham City Museums & Galleries and agree to attend all relevant inductions after the successful completion of the application stage.

Signature:

Date:

Details will be kept on file in accordance with The Data Protection Act 1998

7. Equal Opportunities Monitoring Form- Volunteers

Nottingham City Museum and Galleries aims to provide equal opportunities and fair treatment all volunteers.

We would like you to complete this form in order to help us understand who we are reaching to better serve everyone in our community. The information will be used to provide an overall profile analysis of our volunteer base.

All details are held in accordance with the Data Protection Act 1998.

You do not have to answer any questions you are uncomfortable with.

Please check the appropriate boxes:

Are you: Male Female

Which group do you fall into? Under 16 16-19 20-34 35-49 50-64 64+

How would you describe your ethnic origin: White British Multiple Heritage White Other

Asian or Asian British White European Chinese Black or Black British

Other Ethnic Group Please state:

Which category do you fall into: Student Employed Self Employed Unemployed Retired

Other Ethnic Group Please state:

Thank you for completing this form

Please return this application form via email to: volunteer.programme@nottinghamcity.gov.uk

Or Post to: Volunteer Programme Co-ordinator, Communities Courtyard, Wollaton Road, Nottingham NG8 2AD