# Application to Volunteer

# Personal details

Surname First name

Home address

Post code

Home telephone Mobile telephone

Date of birth Email address

How did you learn about volunteering at Cynon Valley Museum?

Please indicate the days you would be available to volunteer:

Tuesday am 🞏 pm 🞏

Wednesday am 🞏 pm 🞏

Thursday am 🞏 pm 🞏

Friday am 🞏 pm 🞏

Saturday am 🞏 pm 🞏

Do you speak Welsh?

🞏 Yes 🞏 A little 🞏 No

# Skills and experience

Why do you want to volunteer at Cynon Valley Museum?

Do you have any previous experience/training/skills which you feel would be valuable to volunteering at the Museum?

Is there any other information that you think would be important for us to know (for example, any additional needs you may have)?

Please provide the details of a referee who we can contact whilst considering your application:

Name Relationship

Contact number Email address

# Emergency contact details

Please provide us with the details of someone we can contact in the case of an emergency:

Name Relationship

Contact numbers

# Declaration

Please read the declaration carefully before submitting this application.

*I declare that the information I have given in this application is true to the best of my knowledge and understand that I may be asked to leave my volunteering position if it is found to be deliberately misleading.*

Signature Date

The Cynon Valley Museum Trust will use the information provided in this application to process your application. If you decide not to volunteer with us, we will destroy these details. If you become a volunteer, we will use the information to contact you and for the purposes of managing your volunteering activity. We will not share your information with any third party. When you cease to volunteer we will keep your information for one calendar year. If you require us to remove your information at any time you can do so by contacting the Museum manager in writing or by email to [manager@cynonvalleymuseum.wales](mailto:manager@cynonvalleymuseum.wales)

Please ensure you have completed all sections and return this form to:

**William Tregaskes, Museum Co-ordinator,**

**Cynon Valley Museum, Depot Road, Aberdare, Rhondda Cynon Taf, CF44 8DL**

**or email to** [**admin@cynonvalleymuseum.wales**](mailto:admin@cynonvalleymuseum.wales)

**Office use only**

Applicant invited to interview date:

Date and time of induction date: time:

Induction completed date:

Volunteer agreement signed date:

Information added to data base date:

Cessation of volunteering date:

Disposal of information from database: date:

Notes: