# 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 day(s) 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?

What do you want to gain from volunteering 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)?

# COVID-19 information:

1. According to NHS definitions are you currently considered to be:

If you are unsure, NHS guidance is attached <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

A) At high risk (clinically extremely vulnerable)

B) Moderate risk (clinically vulnerable)

C) None of the above

1. According to NHS definitions are you living in a household with someone who is considered to be:

If you are unsure, NHS guidance is attached <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

A) At high risk (clinically extremely vulnerable)

B) Moderate risk (clinically vulnerable)

C) None of the above

1. Have you had a COVID-19 vaccination?

A) First dose

B) Second dose

C) Not yet but I plan to

D) I do not plan to

1. What protective equipment (PPE) would you consider useful whilst volunteering?

gloves
masks
face shields
plastic aprons

Perspex barriers

Please suggest any other pieces of PPE you would find useful.

1. Is there anything else you would like to add confidentially about volunteering and COVID-19?

# Reference

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

# Equality Monitoring

**Which gender do you identify as?**

**Age**

18 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 +

**Ethnicity**

White Pakistani Chinese Arabic Black Caribbean

 Bangladeshi Indian Black African Black other

 Mixed Other

**Do you consider yourself to have a disability?**

 Yes No Prefer not to say

**Sexual Orientation**

Heterosexual Gay/lesbianBisexual Prefer not to say

Other

**Religious Beliefs**

No religion or belief Buddhist Christian Hindu Jewish Muslim Sikh Prefer not to say Other

# 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

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

**Rhian Hall, Museum Co-ordinator,**

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

**or email to** **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:

**COVID-19 NHS guidance (for Section 3)**

Clinically extremely vulnerable list

You're considered clinically extremely vulnerable if:

* your doctor or GP has classed you as clinically extremely vulnerable because they think you're at high risk of getting seriously ill
* you've been identified as possibly being at high risk through the [COVID-19 Population Risk Assessment](https://digital.nhs.uk/coronavirus/risk-assessment/population)
* you've had an organ transplant
* you're having chemotherapy or antibody treatment for cancer, including immunotherapy
* you're having an intense course of radiotherapy (radical radiotherapy) for lung cancer
* you're having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
* you have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
* you've had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
* you've been told by a doctor you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
* you have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell)
* you're taking medicine that makes you much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
* you have a serious heart condition and are pregnant
* you have a problem with your spleen or your spleen has been removed (splenectomy)
* you're an adult with Down's syndrome
* you're an adult who is having dialysis or has severe (stage 5) long-term kidney disease

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