

Volunteer registration form

Thank you for your interest in volunteering at The Castle, Bude. Your answers will be treated in the strictest confidence. Please email this form to JKing@bude-stratton.gov.uk, or hand in to the Castle. If you have any queries please do not hesitate to contact us on 01288 357300.

About me

Name (inc title):

Address:

Postcode:

Telephone Mobile:

Email address:

I am over 18 Yes No

My Interests

My main areas of interests are:

.....
.....
.....

I can offer the following skills, knowledge and expertise:

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.....
.....

My reasons for getting involved

Please tell us what you hope to gain from volunteering with us:

Boost confidence	<input type="checkbox"/>	New challenges	<input type="checkbox"/>	Improve career prospects	<input type="checkbox"/>
Have fun	<input type="checkbox"/>	Learn something new	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Share skills	<input type="checkbox"/>	Help conserve our heritage	<input type="checkbox"/>		
Meet new people	<input type="checkbox"/>	Work experience	<input type="checkbox"/>	

My emergency contact

Please provide the details of someone we can contact in the unlikely event of accident or illness while volunteering for the Museum.

Name: Relationship to you:

Tel: Mobile:

Access requirements/health conditions

If you have any particular access requirements or health conditions (eg. Medication or allergies etc) that we should be aware of please state:

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.....
.....

How often are you available to help?

Regularly	<input type="checkbox"/>	Half day per week	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
One Day per month	<input type="checkbox"/>	Weekend	<input type="checkbox"/>		
One day per week	<input type="checkbox"/>	Occasionally, as required	<input type="checkbox"/>	

Signature:

Date: