**LISKEARD & DISTRICT MUSEUM**

Pike Street, Liskeard, Cornwall. PL14 3JE

Tel:01579 346087 e-mail: coordinator@liskeardmuseum.co.uk

**Volunteer Application Form**

Full Name (please print) ………………………………………..……………….

Address …………………………………………………….……………………………

……………………………………………………….………….………………….

Tel: ………………………………..…… e-mail: ……..……………………………

Please tick if you have any of the following:

**Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Retail experience |  | Office work |  |
| Reception work |  | Skilled Trades |  |
| Museum or related |  | Events/Publicity |  |
| Childcare/Adult Social Care |  | Teaching |  |

**Brief details**

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**Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| Sewing |  | Drawing |  |
| Drafting plans |  | Graphic Design |  |
| Model Making |  | Digital Photography |  |

**Brief details**

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**Computer Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| Word |  | Excel |  |
| Database |  | Publisher |  |
| Photoshop etc. |  | Any other IT skills |  |

Please explain which aspects of museum work appeal to you and why you would like to be a volunteer.

Please give details of two referees who must not be members of your family.

Names: ……………………………………………. ……………………………………………………….

Addresses: ………………………………………. ……………………………………………………….

………………………………………………………… ……………………………………………………….

………………………………………………………… ……………………………………………………….

e-mails: ………………………………………….. ……………………………………………………….

Please state their connection with you:

………………………………………………………… ………………………………………………………..

Do you have any health issues which may affect your ability to work as a volunteer?

(please circle) **Yes No**

If yes, please give details.

Signed: ……………………………………………………….. Date: ……………………………….

This form is confidential to Liskeard Town Council