Museum of Classical Archaeology Volunteer Expression of Interest Form

Thank you for your interest in volunteering with the University of Cambridge Museums. Please complete this form and return to: Museum Education and Outreach Coordinator, Museum of Classical Archaeology, University of Cambridge, Sidgwick Avenue, Cambridge, CB3 9DA or email to <u>museum@classics.cam.ac.uk</u>.

In accordance with The University of Cambridge Child and Vulnerable Adult Protection Policy, our volunteer programme is normally for adults aged 18 or over.

In line with the University's policy, provided you are volunteering for less than 30 days in a six month period, we will <u>not</u> require you to evidence your right to work.





Supported using public funding by ARTS COUNCIL FNGI AND

Your contact details

Given name(s)			
Family name			
Home Address			
	Postcode:		
Email address			
Primary telephone number			
Secondary telephone number			
Immigration status	Are you a settled worker (i.e. do you have the permanent right to work/volunteer in the UK – for example as a British or EEA		
(Please ignore this section if you	citizen)?		
are volunteering for less than 30	Yes 🗌 No 🗌		
days in a 6 month period)	If no, do you already have temporary permission to volunteer		
	in the UK? Yes 🗌 No 🗍		
	If yes, please specify your visa type and visa end date:		
UK National Insurance number (where held)			

About this role

This application is for

The Museum of Classical Archaeology Events Volunteer Register

Please note: Unfortunately, we are only able to accept Expressions of Interest for the Events Volunteer Register and are unable to accept them for speculative roles.

About you

Please provide a brief outline or any particular skills, interests or experience that you would like to bring to this volunteer role (aim for 200 to 400 words):

How did you hear about volunteering with us?

Disclosure and Barring Service (DBS) Check

Volunteers applying for roles that involve working closely with children or vulnerable adults on a frequent					
or intensive basis wi	ll be ask	ed to for a DBS check with Enhanced Disc	losure. We will incur any		
administrative costs involved. If required for your role, would you be prepared to have an Enhanced DBS					
check? Yes	No				

Special Requirements

If you require any special arrangements to be made to attend an initial induction meeting or if you have any medical conditions you'd like us to take into consideration, please specify those below. This information is requested so that we may care for your needs and will be kept confidential.

Emergency Contact Details

Please give details of your next of kin to contact in case of emergency.

Name	
Address	
	Postcode:
Email address	
Daytime tel. number	

Referees

Please give contact details of two people (other than relatives or partners) who have known you for more than 2 years (or teach you currently) who we can contact to comment on your suitability to volunteer for us.

Referee 1		Referee 2	
Name		Name	
Relationship		Relationship	
to you		to you	
Address		Address	
	Postcode:		Postcode:
Email		Email	
address		address	
Telephone		Telephone	
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Privacy Notice

The information you have entered on this form is processed by the Museum of Classical Archaeology only. We use your personal information in order to deliver our contractual obligations to you as a user of our service. We use anonymised data only for reporting, and we do not share your personal data with any third parties or add you to our mailing lists. We use your personal information to contact you about volunteer roles or projects that you have applied for and other related activities.

Please note: if you go on to volunteer with us after expressing your interest, we will ask you to register on the University of Cambridge Museums <u>VolunteerMakers</u> database. This is how we manage our volunteers.

For more information about how we handle your personal information, and your rights under data protection legislation, please see <u>https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data</u>.

I am over 18 years old and I declare that the information I have provided is true:

Signed Date