



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: Jennie Thornber, Museum Education and Outreach Coordinator, Museum of Classical Archaeology, University of Cambridge, Sidgwick Avenue, Cambridge, CB3 9DA or email to <a href="mailto:jlt39@cam.ac.uk">jlt39@cam.ac.uk</a>.

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

## Your contact details

Title (Mr/Miss/Mrs/Ms/Dr/ Other)	
First name(s)	
Surname	
Current occupation	
Year of birth	
Home Address	
	Postcode:
Email address	
Home telephone number	
Mobile telephone number	
Preferred method of contact	
Immigration status	Are you a settled worker (i.e. do you have the <b>permanent</b> right to work/volunteer in the UK – for example as a British or EEA citizen)?
	Yes No No
	If no, do you already have <b>temporary</b> permission to volunteer in the UK?
	Yes No No
UK National Insurance Number (where held)	

About you
Please provide a brief outline or any particular skills, interests or experience that you would like to bring to your volunteer role as well as the type of volunteer activity you wish to perform:
How did you hear about volunteering with us?
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.
Are you applying for a specific, advertised volunteer role? If so, please provide the role title:
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 will be asked to for a DBS check with Enhanced Disclosure (formally known as a CRB check). 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.

Availability					
Please give an	approxim	nate indication o	of how often you	would like to	volunteer:
Once a week		Once a fortnight	Once a mo	nth 🗌 Oth	er:
Please indicate	your ge	neral availability	y:		
Weekdays Other:	□ v	Veekends 🗌	Mornings 🗌	Afternoons	School Holidays
<b>Emergency Co</b> Please give det			o contact in case	of emergency.	
Name					
Address					
		Postcode:			
Email address	S				
Daytime tel. r	number				
					ners) who have known you for to volunteer for us.
Referee 1				Referee 2	
Name Relationship				Name Relationship	
to you				to you	
Address				Address	
	Postcoc	de:			Postcode:
Email				Email	
address				address	
Telephone				Telephone	

Your personal information provided on this form will be kept in accordance with the Data
Protection Act 1998/2003 (as amended from time to time). Your information will be held securely
and confidentially and accessed only by authorised persons, which shall include our funders Arts
Council England. Anonymised aspects of the information given by you may be used for statistical
purposes.

Signad	Data
Signed	Date