



**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 [museum-education@cam.ac.uk](mailto:museum-education@cam.ac.uk).

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	

**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

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**Availability**

Please give an approximate indication of how often you would like to volunteer:

Once a week  Once a fortnight  Once a month  Other:

Please indicate your general availability:

Weekdays  Weekends  Mornings  Afternoons  School Holidays   
Other:

### 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 who we can contact to comment on your suitability to volunteer for us.

Referee 1		Referee 2	
Name		Name	
Relationship to you		Relationship to you	
Address		Address	
	Postcode:		Postcode:
Email address		Email 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.

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

Signed .....

Date .....