



Brooklands Museum Volunteer Registration Form

Personal Information

First Name:	Surname:
Home Address:	
Telephone No: (Day)	Telephone No: (Evening):
Email Address:	Date of Birth:

Emergency Contact Details:

Contact's Name:	Telephone No:
Relationship to you (e.g. son):	Mobile No:

Health

Are there any restricting factors or medication that we should be aware of? **Yes / No**

If yes, please specify how we can help you

Skills and Interests

Please list any skills and interests that may be useful in your volunteering at Brooklands.

Volunteer Roles

These are some of the volunteer roles we offer at Brooklands. Please circle any role(s) you are interested in.

Stewarding

Brooklands Aircraft Factory Demonstrators

Tour Guides (Educational or Adult)

Marshals/Events

Archivists

Site Maintenance

Administration

Availability

Availability (Please circle)

In full-time employment

In part-time employment

Not working/retired from employment

In full-time further education/school

Please indicate how much time you can offer us (e.g. one day per week/fortnight/month)

Please indicate your availability on particular days and whether you can offer a full or half day

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How did you hear about our organisation?

What would you like to achieve through your voluntary work at the organisation?

References

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project's supervisor. Please note that a referee cannot be a relative.

Name

Relationship to Referee

Address

Telephone

Day

Evening

Postcode

Email

Name

Relationship to Referee

Address

Telephone

Day

Evening

Postcode

Email

Self-certification Form

At Brooklands Museum, it is not necessary to undergo a DBS check for most roles, but we do request all volunteers complete this Self-Certification Form.

Declaration for a Volunteer Position at Brooklands Museum.

Have you ever been convicted of a criminal offence or been the subject of a Caution or a Bound Over Order?

Yes [] No []

If yes, please state below the date(s) and nature of the offence(s)

Any surname(s) previously known by: _____

Date of birth _____ NI Number _____

Place of birth _____

You are advised that, under the provisions of the Rehabilitation of Offenders Act (UK wide) (1974) (Exceptions) (Amendments) Order 1986 (UK wide) you should declare all convictions, including spent convictions. You are further advised that it is a criminal offence to seek employment, whether paid or voluntary, in a regulated or controlled position with members of vulnerable groups, including children, if you are disqualified from doing so. To make a false declaration on this form will be considered an attempt to do so.

(If you fail to mention convictions for other types of offence on this form or should you receive any conviction after completing this form and not subsequently declare it you should be aware that this may affect your eligibility to continue volunteering with Brooklands Museum.)

I declare that the information given is true to the best of my knowledge

Signature _____ Date _____

In accordance with the 1998 Data Protection Act, I agree that Brooklands Museum may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form, can be stored on both manual and computer files.

It will be held securely and only accessed by authorised personnel.

Please return this form to:

Sue Lewin
Brooklands Museum
Brooklands Road
Weybridge, Surrey,
KT13 0QN
Email: suelewin@brooklandsmuseum.com

Thank You