**VOLUNTEER ROLE APPLICATION FORM**

**Title:**

**First Name:**

**Last Name:**

**Current Address:**

**Post Code:**

**Home Phone Number:**

**Mobile Phone Number:**

**Email Address:**

* **Tell us a little bit about you**

Please use this section to tell us about yourself so that we can identify a role/location to best suit your skills and motivations. Previous experience or skills are not required as training will be given.

**For which role would you like to volunteer?**

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**Why do you want to volunteer with us?**

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**Do you have any hobbies, interests, previous experience or specific skills that may be useful to a volunteering activity?**

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**Are there any specific skills you would like to develop during your volunteering?**

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 **When would you be available to volunteer?**

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* **References**

Please provide us with the details of two referees who from personal knowledge are able to comment on your suitability for volunteering. These can be friends, neighbours or colleagues but NOT family members and must be 18+ years of age.

**Referee 1**

**Name:**

**Address:**

**Post Code:**

**Telephone Number:**

**Email Address:**

**Referee 2**

**Name:**

**Address:**

**Post Code:**

**Telephone Number:**

**Email Address:**

(Please note we will only contact referees once we have met you for an informal interview and you have agreed that we can approach them).

* **Equal opportunities**

We welcome interest from any person who wishes to volunteer at the Library and Museum of Freemasonry and seek to reflect the diversity of our team in terms of race, culture, gender, sexuality, age and disability. Freemasons and non-freemasons are welcome alike.

* **Disability**

The Disability Discrimination Act 1995 defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities.

**Do you consider yourself to have a disability?**

 **Yes No**

**If so, please provide details of any additional support you may require to volunteer with us.**

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* **Emergency contact details**

Please provide us with the name and number for someone we can call in case of an emergency.

**Name:**

**Telephone number:**

**Please return your completed form to:** contact@museumfreemasonry.org.uk

Museum of Freemasonry

Freemasons’ Hall

60 Great Queen Street

London WC2B 5AZ

**Telephone** 020 7395 9257

**Website** [museumfreemasonry.org.uk](http://freemasonry.london.museum)