



CHESHIRE MILITARY MUSEUM VOLUNTEER APPLICATION FORM

Title:

Surname:

Forename:

Telephone:

Email:

Address Line 1:

Address Line 2:

Town:

County:

Postcode:

Name and address of emergency contact:

Name:

Their Relationship to you:

Address line 1:

Address line 2:

Town:

County:

Postcode:

Telephone:

Mobile:

Times available to volunteer and frequency:

Referee 1:

Name:

Address:

Telephone:

Email:

Do you have any spent or unspent convictions as defined under the Rehabilitation of Offenders Act 1974?

(Less minor driving offences)

Yes/No

Do you have any health or medical issues which we should be aware of which would impact on your duties e.g. lifting/carrying objects, respiratory problems etc.

Yes/No?

Please give details of your interests and a brief employment history (continue on separate sheet if necessary)

Please print your name:

Signature:

Today's date:

Please return to: Museum Officer,
Cheshire Military Museum, The Castle,
Chester, CH1 2DN or email to
cheshiremilitarymuseum@live.co.uk