

VOLUNTEER APPLICATION FORM

Please complete this form and return to:

The Volunteer Team National Railway Museum Leeman Road York YO26 4XJ

Email: volunteer.nrm@nrm.org.uk

If you have any questions or need help please feel free to contact us by email or call on 01904 685737. We're always glad to help.

ROLE

What volunte	eering opportunity are you ap	plying for?	
PERSONAL	DETAILS		
Title:	Name:		
Date of Birth	:		
Address:			
Phone numb	er:	Email:	
ABOUT YOU	J		
Why do you	want this volunteer role?		

What could you bring to the role? Give details of any skills or interests you have which you feel may be relevant to your volunteering (previous work or volunteering experience, training etc.)
Do you have any access or medical requirements that we should be aware of to support you
Do you have any access or medical requirements that we should be aware of, to support you during interview?
If you are successful at this stage, you will be invited to attend an interview. Are there any dates or times when you will be unavailable to attend an interview?
I declare that the information I have given is true to the best of my knowledge.
Signed
Date
The information given on this form is used for the administration of prospective volunteer roles, and

The information given on this form is used for the administration of prospective volunteer roles, and analysis for management purposes. Data is held in accordance with our obligations under the Data Protection Act 1998. Completion and return of the application form is your consent to us holding and using the information provided in the manner above.



CONFIDENTIAL WHEN COMPLETED

Equal Opportunities Monitoring Information

NMSI is committed to a policy of equal opportunities. We recruit staff on the basis of skills, qualifications, experience and suitability for the vacancy regardless of gender, physical or mental disability, age or ethnic origin or marital status.

The questions below will help NMSI to monitor the effectiveness of our equal opportunities policy.

Please complete the information below by ticking the appropriate box.

Name:								
Post Applied For:								
D.O.B.								
SEX			Do you consider that you have a disability? (candidates who have a disability and meet the minimum criteria for the role will be offered an interview. For further information please call the HR dept)					
Male			YES		NO			
Female			If yes,	please indicate v	vhich of	the follov	ving apply:-	
ETHNIC ORIGIN								
White			visual i	mpairment				
Black - African			hearing	g impairment				
Black - Other			mobility	y or co-ordinatio	n difficult	ties		
Indian			speech	n impairment				
Pakistan			learnin	g difficulties				
Bangladeshi			mental	illness				
Chinese			Other conditions					
Other (Please Specify)			(please	e state)				
		THIS F		OT WISH TO CO	OMPLET	ΓE		

The information you supply is used for monitoring purposes only and plays no part in the selection process.