

Volunteer Application Form

Confidential

Vacancy Details

Volunteer opportunity applied for:
Please tell us where you first saw this post advertised:

About Yourself

Title:	Forename:	Surname:
Address:		
Postcode:		
Home Telephone Number:	Mobile Telephone Number:	
Work Telephone Numbers (if convenient):		
Email:		
Have you undertaken any voluntary work before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:		
Why are you interested in this particular role?		
What is your main motivation(s) for volunteering?		
What are your future aspirations?		
What skills and interests do you have that you may think be useful in your voluntary role?		
What days/times do you expect to be available?		

Do you wish to disclose any other information to us? (e.g., criminal record) Please give details:		
How did you hear about this opportunity?		
How would you describe your professional background:		
Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skilled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unskilled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prefer not to say	<input type="checkbox"/> Yes	<input type="checkbox"/> No

References

References are required for all volunteers at the National Army Museum. Please give details here of two people who are not relatives, friends or people who live with you.

Where possible, one reference should be from someone in a professional capacity e.g., previous employer, teacher, etc.

Referee 1		Referee 2	
Name:		Name:	
Job Title:		Job Title:	
Address:		Address:	
Telephone No:		Telephone No:	
Email:		Email:	
Relationship:		Relationship:	
How long have you known this person?		How long have you known this person?	

Please contact us to discuss any difficulties you may have in providing references.

Please also let us know if you require any assistance in completing this form.

Personal data will be used and managed in line with the Data Protection Act (2018) and the Museum's Privacy Policy (www.nam.ac.uk/privacy) and Records Management Policy (www.nam.ac.uk/records-management-policy).

Please return completed forms to: hr@nam.ac.uk or by post to: National Army Museum, Royal Hospital Road, Chelsea, London, SW3 4HT.

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Equality & Diversity Monitoring Form

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The National Army Museum (NAM) recognises and actively promotes the benefits of a diverse workforce and is committed to treating all volunteers with dignity and respect regardless of race, sex, gender reassignment, disability, age, sexual orientation, marriage or civil partnership, pregnancy or maternity, religion or belief. We therefore welcome applications from all sections of the community.

All information will be kept securely and retained in accordance with the NAM's retention of records arrangements.

Personal data will be used and managed in line with the Data Protection Act (1998) and the Museum's Privacy and Records Management Policies (available on our website or on request).

This information will be used solely for monitoring/statistical purposes only.

Volunteering Project Number/Role:

Age

Please tick one of the following:

<input type="checkbox"/> 16 – 24	<input type="checkbox"/> 25 – 29	<input type="checkbox"/> 30 – 34	<input type="checkbox"/> 35 – 39	<input type="checkbox"/> 40 – 44
<input type="checkbox"/> 45 – 49	<input type="checkbox"/> 50 – 54	<input type="checkbox"/> 55 – 59	<input type="checkbox"/> 60 – 64	<input type="checkbox"/> 65 & over
<input type="checkbox"/> Prefer not to say				

Gender

Please tick one of the following:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer not to say
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Is the gender you identify with the same as your gender registered at birth?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Ethnic Origin

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

Asian or Asian British			
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese
<input type="checkbox"/> Asian British	<input type="checkbox"/> Any other Asian background (specify if you wish):		
Black or Black British			
<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Black British	
<input type="checkbox"/> Any other Black background (specify if you wish):			

White			
<input type="checkbox"/> British	<input type="checkbox"/> English	<input type="checkbox"/> Scottish	<input type="checkbox"/> Welsh
<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish Traveller	
<input type="checkbox"/> Any other White background (specify if you wish):			
Mixed			
<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Black Caribbean	
Any other Mixed background (specify if you wish):			
Other Ethnic Group			
<input type="checkbox"/> Arab	<input type="checkbox"/> Any other Ethnic background (specify if you wish):		

OR

<input type="checkbox"/> Prefer not to say
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Disability

Do you consider yourself to have a disability or health condition?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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If yes, please give details if you wish

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NB. If your disability means that you require any reasonable adjustments to be made in order to participate in a Volunteering role, please ensure that you have either detailed these on your application form and/or informed your Volunteer Supervisor so that we can accommodate your needs.

Religion or Belief

Which of the following religions do you currently belong to? If you do not belong to any of these please tick 'No religion or belief'

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion or belief		<input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> If other religion or belief, please specify if you wish:				

Sexual Orientation

What is your sexual orientation? Please tick one of the following:

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay
<input type="checkbox"/> Asexual	<input type="checkbox"/> Pansexual	<input type="checkbox"/> Undecided	<input type="checkbox"/> Prefer not to say