**1. Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Preferred title |  |
| First name |  | E-mail |  |
| Address |  |
| Postcode |  | Mobile phone no. |  |
| Telephone (home) |  | Telephone (work) |  |
|  |
| Name of emergency contact: |  | Mobile phone no. |  |
| Relation: |  | Telephone (home) |  |

1. **Please select the heritage site and role(s) which you are looking to volunteer for?**

**Fishbourne Roman Palace & Gardens**

Garden volunteer 

Learning Assistant volunteer 

Maintenance volunteer 

Visitor Welcome volunteer 

**Lewes Castle & Museum and/or Anne of Cleves House**

Education volunteer 

Maintenance volunteer 

Visitor Experience volunteer 

**Michelham Priory House & Gardens**

Maintenance volunteer 

Shop volunteer 

Visitor Welcome volunteer 

1. **Please give us an indication about how often, when and for what length of time you would like to volunteer**

|  |  |  |
| --- | --- | --- |
| I am regularly available to volunteer on the following days: |  | I am available to volunteer on an irregular basis only: (please describe) |
| Mo |   |  |
| Tue |   |
| Wed |   |
| Thurs |   | I would like to volunteer for this many hours per week: |  |
| Fri |  |
| Sat |  | I would like to volunteer until: |  |
| Sun |   |

**4. Educational Qualifications**

 *Please tell us about any relevant education qualifications that you have.*

**5. Relevant Experience and Skills**

*Please describe your existing experience and skills, including voluntary work, which you think will be useful as a volunteer and why you would like to volunteer for us*

**6. Criminal Offences**

### Have you ever been convicted of a criminal offence?  Yes  No

(Declarations subject to the Rehabilitation of Offenders Act).

**7**. **Referees**

*Please give the names and contact details for two persons (not members of your family) who are in a position to comment on your professional/work/volunteering ability. Please also state the capacity in which you know the person.*

|  |  |  |
| --- | --- | --- |
| First referee |  | Second referee |
| Name |  | Name |  |
| Address |  | Address |  |
| E-mail |  | E-mail |  |
| Telephone |  | Telephone |  |
| Capacity in which known |  | Capacity in which known |  |

**8. When would you be able to start volunteering?**

**Declaration**

I authorise the Society to obtain references to support this application.

I confirm that the information given is, to the best of my knowledge, true and complete.

Signature of Applicant………………………………Date…………………………

**Please return your completed application form to** **HR@sussexpast.co.uk**

|  |  |  |  |
| --- | --- | --- | --- |
| **Admin only** | Date received |  | Notes |
| Reference 1 checked |  |  |
| Reference 2 checked |  |