

Volunteer Application Form

Complete and email to protheram@rayleightownmuseum.org
or post to Rayleigh Town Museum, 1st Floor, 91 High Street, Rayleigh Essex SS6 7EJ

Name		Da	Date of Birth		
Mobile Number No:			Home telephone No:		
Email	NO.		onie telephon	ie No.	
Address					
We value your skills. Please tell us if you have any interests or experience which might be of use in the Museum e.g. computer skills, interest in research.					
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	tion which you think we ou	_	_		
	tial and subject to General D		_		
with the Information Commissioners' Office and are fully compliant with the requirements of GDPR.					
At present, the Museum is open to the public on Wednesdays, Fridays and Saturdays 10-4.					
•	ons are: Morning 10-1pm,		•		
•	to join the team on Tuesda ease tick which sessions you	•		•	ıd
Tuesday am			Tuesday	pm	
Wednesday am			Wednesday		
Friday am			Friday	pm	
Saturday am			Saturday	pm	
Sunday / Special events					
Signature of an	nlicant			Date	
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Details of someone we can contain Name:		a refer	ence :		
	Phone				
Contact	Email				
Details:	Address				
Signature of					
Parent/Guardi	an if				
under 18 years	s of age Date:	Date:			
For Office use	only:				