**Application for Volunteering**

Thank you for your interest in becoming a volunteer with us at Shuttleworth.

All prospective volunteers are required to complete a basic application and provide two references (work or character). Selection is based on the availability of appropriate roles and supervision at the time of application, along with your skills, experience and interests. Please be aware that we may not be able to accommodate all applicants into the preferred area, although we will endeavour to discuss any other alternative roles with you that may be available and suitable.

|  |
| --- |
| **Personal Details**  |
| Title |  | Address: Postcode: |
| First Name |  |
| Surname |  |
| Home Tel No |  |
| Mobile Tel No |  |
| Email |  |
| Date of Birth |  |
| Where did you hear about us? |  |
| Do you have the right to work in the UK? | Y | N |
| Do you have any unspent convictions? *(If yes, please provide details)* | Y | N |
| Are you a Member of the Friends Society (SVAS / FoSG) | Y | N |

|  |
| --- |
| **Please indicate your area(s) of interest** *(mark all that apply)* |
| The Collection (Aircraft) |  | The Swiss Garden |  |
| The Collection (Vehicles, Buses, Bicycles) |  | Grounds, Maintenance & Facilities |  |
| The Collection (Agriculture) |  | The House |  |
| The Visitor Attraction  |  | Education & Learning |  |
| Event Stewarding  |  | Administration |  |
| Other (specify) |  | SVAS (Trailer / Surplus Sales) |  |

|  |  |  |
| --- | --- | --- |
| **What is your availability?** | **AM** | **PM** |
| Monday |  |  |
| Tuesday  |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| **Your background and interests.****(Skills, hobbies, work history, qualifications)** |  |

|  |  |
| --- | --- |
| **What do you hope to gain from volunteering at Shuttleworth?** |  |

|  |
| --- |
| **References**Please provide contact details of two people (unrelated to you) who we can contact to comment on your character. |
| **Name** |  | **Name** |  |
| **Tel no** |  | **Tel no** |  |
| **Email** |  | **Email** |  |
| **Relationship to you** |  | **Relationship to you** |  |

|  |
| --- |
| **Next of Kin**Please provide the details of someone we can contact in the unlikely event of accident or illness whilst you are volunteering. These details will not be passed on to any third party.  |
| **Name** |  |
| **Relationship to you** |  |
| **Home tel no** |  |
| **Mobile tel no** |  |

|  |
| --- |
| I declare that the information I have given is to the best of my knowledge, true and complete. I agree to the above details being held by Shuttleworth for administration purposes only, that they will not be passed to any third party, and that I can ask for a copy of the details held about me at any time. |
| **Signed** | **Date** |
| If the Volunteer is under 18 years of age the signature of a parent/guardian is required: |
| **Signed** | **Date** |

Please return your application form by email, post or hand to:

HR Department, The House, Old Warden Park, Nr Biggleswade, Bedfordshire, SG18 9EA

volunteering@shuttleworth.org