

# ALLIED AIR FORCES MEMORIAL AND YORKSHIRE AIR MUSEUM

Elvington, York YO41 4AU



## Volunteer Application Form

### 1 Personal Details

|                |                             |
|----------------|-----------------------------|
| Surname        | Title (Dr., Mr., Ms., etc.) |
| Forenames      |                             |
| Home address   |                             |
|                | Postcode                    |
| Home telephone | Mobile number               |
| Date of birth  | Email address               |

How did you learn about volunteering for the Allied Air Forces Memorial and Yorkshire Air Museum?

Please give details of days when you would be able to carry out volunteer duties (number of days and hours per month)

### 2 Previous Experience

Please give details of any previous experience (work, education, volunteer experience), which you may feel is relevant to the voluntary position you are interested in.

### 3 Further information

Please use this space to provide a brief statement as to why you want to be a volunteer at the Allied Air Forces and Yorkshire Air Museum.

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#### 4 Please indicate the areas of volunteering you are interested in

Tick one box for an area you are interested in and two for an area you have experience in

- |                          |                                    |                          |                           |
|--------------------------|------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Museum Guide                       | <input type="checkbox"/> | Building Maintenance      |
| <input type="checkbox"/> | Museum Steward                     | <input type="checkbox"/> | Gardening                 |
| <input type="checkbox"/> | Aircraft Engineering               | <input type="checkbox"/> | Weekend Steward           |
| <input type="checkbox"/> | Collections and Research Volunteer | <input type="checkbox"/> | School Greeting Volunteer |
| <input type="checkbox"/> | Student placement                  |                          |                           |

#### 5 Referees

Please give details of two referees, one of whom should be a recent employer or professional person or body

|               |               |
|---------------|---------------|
| Name          | Name          |
| Position      | Position      |
| Address       | Address       |
| Postcode      | Postcode      |
| Email address | Email address |
| Telephone     | Telephone     |

#### 6 Declaration

Please read the declaration carefully before signing and dating the form. I declare that the information I have given is true to the best of my knowledge and understand that I will be asked to leave any voluntary position offered if any information is subsequently found to be deliberately misleading.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Yorkshire Air Museum will use the information collected from you on this form to process your application.*

Please ensure you have completed all sections and return this to: **Sandrine Bauchet, Volunteers Manager, Yorkshire Air Museum, Halifax Way, Elvington, York YO41 4AU or via email at [museum@yorkshireairmuseum.org](mailto:museum@yorkshireairmuseum.org).**