

# 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

By ticking this box I consent to the Yorkshire Air Museum processing and storing my data in accordance with the Data Protection Act 2018. Further information on this can be found at the foot of this application form.

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 Memorial 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"/> <input type="checkbox"/> Museum Guide	<input type="checkbox"/> <input type="checkbox"/> Building Maintenance
<input type="checkbox"/> <input type="checkbox"/> Museum Steward	<input type="checkbox"/> <input type="checkbox"/> Gardening   Woodland Team
<input type="checkbox"/> <input type="checkbox"/> Aircraft Engineering	<input type="checkbox"/> <input type="checkbox"/> Weekend Steward
<input type="checkbox"/> <input type="checkbox"/> Collections and Research Volunteer	<input type="checkbox"/> <input type="checkbox"/> School Greeting Volunteer
<input type="checkbox"/> <input type="checkbox"/> Student placement	<input type="checkbox"/> <input type="checkbox"/> Fire Fighter Volunteer

#### 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 \_\_\_\_\_

**Data Protection 2018:** We will use the information you share to process your application, to assess your suitability for the position you are applying for and verify your right to work in the U.K. Your information will then be securely retained on record for the duration of your service with the Yorkshire Air Museum. At no point will this information be sold to third parties.

Please ensure you have completed all sections and return this form 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) .