

BROOKLANDS MUSEUM
VOLUNTEER APPLICATION FORM
CONCORDE PROJECT

Personal details

Title (tick one)					Surname	Forename(s)
Dr	Mr	Mrs	Miss	Ms		

Home address		Contact address - <i>in emergency</i>
Post Code:		
Daytime telephone number	Evening telephone numb	Telephone number - <i>in emergency</i>
Date of birth	Town of birth	Nationality

What skills/experience would you bring to the Concorde project?

--

Would you be interested in being involved with other voluntary projects or activities?

--

How much time per week/month would you be prepared to commit?

--

Which would be your preferred days?

--

BROOKLANDS MUSEUM

Please indicate relevant qualifications.

--

Referees - please name two referees not related to you:

Name		
Telephone		
Address		

Next of Kin - in case of emergency:

Travel

Name		Do you have:		
		Own transport?	Yes	No
Telephone		Driving licence?	Yes	No
Address		Data Protection Act		
		Do you object to above information being added to our computer records?		
			Yes	No

Please advise of any medication taken regularly.

(If 'yes' please give your Doctor's name/telephone number/details of medication.)

--

Is there any type of work that you are not medically fit to undertake? (Please give details.)

--

Declaration

I declare that the information I have given is true to the best of my knowledge.

Signature:

Date:

Brooklands Museum contact details:	Mike Duvall	Phone:	01932-857381
	Brooklands Museum	Fax:	01932-855465
E-mail:	Brooklands Road		
mikeduvall@brooklandsmuseum.com	Weybridge		
	Surrey KT13 0QN		